Abstracts
OF
CLINICAL LECTURES IN SURGERY.

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ON PERFORATIONS OF THE SMALL INTESTINE.

PART I.

From perforations of the fauces and pharynx, which have recently engaged our attention,* we should pass to the consideration of the same occurrence in the stomach. But it falls to the lot of but few surgeons to witness one case in which the stomach opens externally, and I have none to exhibit to you. How rare such accidents are will appear upon the perusal of a paper on the subject by my colleague, Dr. Murchison,† who, in a laborious search through the medical records of the past three centuries, has collected but twenty-five cases. I have met with examples of the rupture of the stomach into the peritoneal cavity;‡ but these are not the cases I have at present in contemplation, which are rather unnatural apertures in the digestive canal, producing obvious external effects.

Ulcers of the small intestine, being usually products of disease and recognised only by internal symptoms, fall to the care of the physician; yet they sometimes lead to consequences requiring surgical aid. In their too common progress they deepen till they perforate the bowel, and have a fatal issue by the peritonitis which they set up. But when the bowel before its perforation has acquired an adhesion to some adjoining structure, the advance of the ulceration does not open the abdominal cavity, but that organ or tissue to which the bowel adheres. When that tissue is a part of the abdominal wall, some external indication of the disease predominates, and ulcers of the intestine come under the notice of the surgeon. Some of the consequences which then result from the perforation are illustrated in the following cases.

Before describing them, however, I cannot miss the opportunity of alluding to the possibility of an aperture existing in unadherent small intestine, without the escape of any of the contents of the bowel, and without any ensuing peritonitis. It furnishes a hope, albeit a remote one, that the issue of a perforation of the bowel may sometimes not be fatal.

Permanent open communication between the small intestine and the peritoneal cavity.

I once found an opening in the small intestine, as large as a fourpenny-piece, by which the interior of the bowel and the peritoneal cavity communicated. There was no trace of peritonitis, and no adhesion. The edge of the opening was circular, sharp, dense, and cordlike, and was situated at the peritoneal surface. The mucous membrane adjoining the opening, though quite uninflamed, was thickened, loose, and movable on the muscular coat, and, when not pulled away, was so gathered toward the opening as completely to cover and close it. The aperture had manifestly existed for a very long time, and wore as much the appearance of a natural and congenital communication between a serous and mucous membrane as that which exists at the extremity of the Fallopian tube.

Ulceration of the jejunum, perforating the urinary bladder; red softening of the brain. Possibility of feeding a man through his urethra.

A farm-labourer, aged sixty-four, wasted, sallow, feeble, irritable, and having an expression of great suffering, was admitted into the hospital under my care. He introduced himself with a sort of challenge, that I could not cure him; and he was indeed very ill. His tongue was brown and parched; his pulse 100, small, and occasionally intermitting. His chief complaint was connected with the passage of his urine. Very little of this escaped at a time by his urethra, and its passage was invariably attended by an action of the bowels, so that he always micturated at stool. The effort was frequent, urgent, and distressingly painful, and the fluids shown as having come from the bladder were most offensive in odour, alkaline, turbid, and mixed with a small quantity of dark feculent matter. He had considerable pain and tenderness in the hypogastrium. He suffered further from pains and throbbing in the head, with coldness along the spine and transient numbness of the feet. There was no actual loss of sensation in the extremities. He had also hypospadias, to the extent of about a quarter of an inch, and he had a family of children.

He attributed his illness to an accident which occurred to him more than twenty years previously. When mounting some steps with a heavy piece of wood on his shoulder, he missed his footing and fell to the ground on his back. The piece of wood fell across the lower part of his belly, and the blow rendered him insensible for some seconds. An illness ensued which confined him to bed during three or four weeks. For two days after the accident he passed no urine, and when it did flow again it was mixed with blood, and was passed every hour or two with uncontrollable effort and with action of the bowels. His present illness commenced six weeks before admission. The only account he could give of it was almost a repetition of the existing symptoms.

He was treated with morphia and hydrochloric acid, with an occasional dose of castor oil and laudanum, with hip-baths and with suppositories of opium. A catheter could be readily introduced, but little urine was ever withdrawn through it. Sometimes a fluid like gruel, venous blood, or turbid urine, and sometimes nothing, escaped through the instrument.

Transitory relief appeared to follow the treatment which was adopted, but he steadily grew worse. He sometimes sweated profusely, and at other times his skin was constantly damped with a cold perspiration of a urinous smell, and even more offensive than the fetid urine and fæces which he passed simultaneously. His pain increased both in the hypogastric and sacral regions. He scarcely slept, but, after being drowsy for a while, he would start up screaming, clasp his hands to his head, and then fall back moaning. His mind was often incoherent, his head hot, his brow and cheeks dusky, his eyes haggard, his pulse small and never less than 120. Almost every aliment, including beef-tea, was rejected from the stomach, but he retained brandy and soda-water, with a little milk. The mixed urine and fæces became at length black and almost viscid, and the whole pelvic region, the loins, and lower part of the abdomen increasingly painful and tender. Between four and five weeks after admission he became comatose, and in twenty-four hours more he died.

His body was extremely emaciated, and of a dingy sallow hue. The intestines at the lower part of the abdomen were dark and turgid. A fold of the jejunum adhered by old lymph to the anterior wall of the bladder, and the two cavities communicated at the adherent spot by an ulcerated irregular aperture. The intestine was thickened and livid; it contained dark grumous fluid, its own contents mixed with those of the bladder. This latter organ was thickened and contracted: its lining membrane was covered with lymph and blood, and its cavity held fetid, dark, thick urine and fæces. The veins and sinuses of the brain were much congested. The cerebral substance generally was firmer than usual, resembling that of a brain macerated in spirit; but on the outer side of the left hemisphere was a red spot, as large as a crown-piece and softened. Externally it was covered with a clot of blood, not recently effused; internally it was semi fluid, as if suppurating, and had lost the characters of cerebral tissue. There was no fluid in any of the ventricles, but their tough and dry walls were covered with bright networks of vessels, which could be easily stripped off.

The formation of the aperture between the jejunum and the bladder was probably the sole cause of this distressing mode of death. It cannot be supposed to have been produced at the time of the injury sustained twenty years before. The blow then received doubtless led to the adhesion through which perforation eventually took place, but the resulting communication between the two cavities did not probably exist longer than the three months which the man assigned as the period of his last illness. This duration of life is less than is possible when the bladder communicates with the colon, but it exceeds that observed by Dr. Abercrombie in a lady in whom the ileum

* THE LANCET, Sept. 10th, 1864.
† Case of Communication with the Stomach through the Abdominal Parietes, produced by Ulceration from External Pressure; with Observations on the Cases of Gastro-cutaneous Fistulæ already recorded. By C. Murchison, M.D., &c. Medico-Chirurgical Transactions, vol. xli., p. 11.
‡ A Case of Strangulation of the Stomach in an Umbilical Rupture, &c. By Chas. H. Moore, F.R.C.S. Medico-Chirurgical Transactions, vol. xlvi., p. 181.

opened into the bladder, and the fatal result took place not later than three weeks subsequently.

When once formed, the communication between the two cavities led to distinctive signs of the injury of each. On the one hand, the contents of the jejunum passed into the bladder and urethra; on the other hand, the urine entered the jejunum and mixed with the chyme. Severe inflammation followed in both the viscera, with characteristic local suffering. But the admixture of urine with the food at so high a point in the digestive canal appears further to have led to more general symptoms. Much of it seems to have been absorbed, and, returning to the kidney, to have been added over and over again to the circulating fluid. This probably explains the extraordinary fetor of the skin, and perhaps also the unusual condition of the brain.

From the first establishment of the opening recovery was hopeless, as by no device then known to me could the fæces be diverted from the bladder, or urine from the bowel. I am now indeed inclined to think that the distressing suffering in which the poor fellow died might have been mitigated by continuous irrigation of the bladder. A stream of liquid injected into the bladder would have passed on into the bowel, carrying with it all the fæces which had entered by the aperture, together with the urine in a state so diluted as no longer to irritate and inflame the intestinal mucous membrane. Though the idea seems perhaps a strange one, I think that bland nutritive materials also might have been thus projected through the bladder into the intestine, and food which was intolerable in the stomach have been assimilated in the jejunum. The introduction, for instance, of a few pints of milk into the bladder daily, in small successive portions, would have very much soothed that organ, have contributed to the general nutrition when it reached the jejunum, and possibly have averted the cerebral mischief, so far as that depended on the absorption of acrid alkaline urine by the bowel. The method of effecting this combined nutrition and irrigation would have needed some care in selecting it, and some ingenuity in its adaptation. The urethra could not have been expected to endure the frequent, not to say constant, employment of the catheter which would have been necessary. But it is probable that the use of the catheter might have been dispensed with, and that the injected fluid, little resisted by a bladder with a hole in its wall, might with moderate force have been driven along the urethra through the short nozzle of a syringe. The even flow of liquids down the long arm of a syphon-tube might have made that a preferable kind of force to the interrupted action of a syringe. Should these plans have failed, or proved useful for a time only, it might have been proper to have attempted the same object by puncturing the bladder, and retaining a tube in the aperture. The plan of transfixion, or double puncture, which I devised, and described in a clinical lecture last year,* would not ordinarily be suitable, though its principle and great convenience might render it advisable in some circumstances. But though the case, since the post-mortem revelation of its nature, has served to suggest to me these palliative measures for the treatment of others, none of them were available in it; and life shortened with increasing rapidity, as the urine became more concentrated and irritating in the bladder, and more poisonous when absorbed into the blood.

IS ALOPECIA AREATA OR TINEA DECALVANS CONTAGIOUS?

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IN a large parochial school at Hanwell, containing from 1100 to 1200 children, of both sexes, and from six months to fourteen years of age, a number of the children were found all at once to have on their heads patches of baldness quite smooth and pale. The patches varied in size from that of a fourpenny-piece to an inch or more in diameter. On some children there was but one bald spot; on others, two or three. Most of the patches were rounded in outline, but some were more irregular in shape. The number of children affected was 43, and they were all girls from seven to fourteen years of age, who lived together. There was no case of the same kind amongst the infants or amongst the boys, who occupied a separate part of the building. On more careful inquiry, it was ascertained that one girl had been suffering from this disease of the scalp in an aggravated form for one or two months, and had been allowed freely to associate with the others.

On the 30th of April one of the attendants observed that another child had a bald spot on her head, and called the attention of the doctor to it. This led to an examination of all the children's heads, when it was found that between 30 and 40 girls were affected in the same way. In the course of the following week five or six fresh cases were noticed, but after that period none were found.

On observing the patches closely, they were seen to be of the same colour as the rest of the scalp, and perfectly smooth. Immediately around the bald part the hairs came out too easily, and were seen to have scarcely any bulbous enlargement. In many cases at the very edge of the denuded patch could be seen a few short hairs about the sixth of an inch long, which were thicker at the free extremity than at the part near the follicle, but not opaque or darker in colour than the other hairs. The hairs examined microscopically were found to be atrophied at their bulbous extremity. The short club-shaped hairs just mentioned were found to have a tapering bulb and a thickened free end, which was more opaque than the rest of the shaft, and exhibited a cluster of fibres radiating outwards in a brush-like manner, such as I have constantly seen in examining the hairs from patches of alopecia areata. The structure of these short hairs was quite normal, except at their free ends. In the root-sheaths of two or three hairs I found a number of oval and quadrangular cells placed end to end, or clustering together, looking like vegetable spores. They were insoluble in liquor potassæ, ether, and strong sulphuric acid. These spore-like bodies were about the 1 3600th of an inch in diameter. There were also on one of the hairs what appeared to be the mycelium of a fungus. The amount of parasitic growth was altogether but very small.

The main interest of this outbreak of scalp affection depends on its relation to the question of contagion. Nearly all authors except Mr. Erasmus Wilson are agreed that the common ringworm, or tinea tonsurans, is contagious: on that point I have no more doubt than I have of the contagiousness of small-pox. But in reference to this disease, tinea decalvans, or alopecia areata, there is more room for doubt. In France it is very commonly regarded as a contagious disorder, but in this country it is usually set down as non contagious. It certainly is not highly contagious, for a single case is often seen in a public school or a large family for many months and not be propagated to any other child. There are, however, some cases recorded by Mr. Hutchinson which seem to point to its being capable of propagation by contagion.*

This outbreak at Hanwell School appears to me to prove its contagious nature. Except on this supposition it is not easy to understand why the only children attacked were those occupying that part of the building in which there had been a girl suffering from the same affection for some time previously. There were in other parts of the house boys of the same ages, of similar constitution, having the same diet, and in every respect similarly treated. If the outbreak had depended on atmospheric causes, or on the diet or general management of the school, the boys and infants should have suffered equally with the girls.

I have been occasionally consulted on the question whether it is safe to admit a child suffering from this form of tinea into a public school. I have been in the habit of saying that there was no risk of its spreading; but I confess that the history of this outbreak at the school at Hanwell will make me more cautious in future as to such a statement.

I do not propose to enter in this paper into the question of parasitic skin-diseases, but will just say that I have examined microscopically the hairs of many children affected with this form of disease, and have occasionally met with distinct evidence of parasitic growth in the hairs and the epidermis. In many other cases I have failed to detect such evidence.

In this disease, I think it is open to question whether the parasite is an essential part of the disease, or merely an accidental complication frequently present. In the diseases tinea tonsurans and tinea favosa it is certain that the diseases cannot exist without the vegetable growths.

I am inclined to believe that alopecia in circumscribed patches may arise independently of the parasite. It is certainly a hasty generalization to assert that all diseases of the hair are due to parasites, and that the nutrition of the hairs cannot be so affected as to induce atrophy of their bulbs, or so as to split at the free

* THE LANCET, Aug. 22nd, 1863.

* Path. Soc. Trans., vol. xiii., p. 260.

extremity, unless there has been a vegetable growth on them. I have seen splitting of the hair at the free end repeatedly where there was no reason to suspect, and no sign of, a fungous growth; and I believe the hair-bulbs dwindle and the hairs fall out often without parasitic growth.

In this outbreak at the school I found distinct parasitic growth; in other cases, even when baldness has been extending rapidly, I have failed to detect it. In this disease we must not expect to find the parasite when the hairs have all come out, the parasites having done their work and exhausted the soil, and the disease is not spreading. The only time to look for it is when it is advancing and attacking fresh hairs. At this stage of the disease I have always found the hair-bulbs undergoing atrophy, and usually a number of short, club shaped hairs, with a tufted fibrous free extremity, similar to what is so frequently seen in the hairs of tinea tonsurans, but not affecting the part of the hair between the bulb and the free end. In addition to these changes, which are constant, I have occasionally seen spores, and more rarely mycelium of a microscopic fungus in the root-sheath of the hair and in the epidermic scales scraped from the scalp.

As to treatment, what I have found the most beneficial is blistering occasionally with a solution of from two to four grains of cantharidin in six drachms of glacial acetic acid, and two drachms of spirit, and the use of an ointment of cantharides in the interval. Under this plan of treatment the cases at Hanwell very rapidly improved. There was but very little spread of the disease after the children were brought under treatment, and on the 9th of June I noted that many of the patches were already getting covered with downy hair of a lighter colour than the rest of the scalp. The hairs do now come out more easily near the affected patches than they do at other parts.

This disease, if left alone, will usually get well in the course of several months or years, unless it occurs in people past middle age. Occasionally cases are seen in which there is loss of hair, not only over the scalp, but over the entire body, all the downy hairs disappearing as well as the coarser hairs of the head, face, genital regions, and axillæ. These cases are usually incurable; they may appear independently of other disease in the system.

Mr. Hunt is of opinion that an arsenical course will generally cure circumscribed baldness by improving the nutrition of the scalp. I have tried this plan of treatment, but cannot say that I have found cases thus treated get well so quickly as those which have been treated by local stimulation alone.

The common ringworm (tinea tonsurans) is seldom completely absent from large parochial schools, such as the one at Hanwell. Unless great care is taken, this disease spreads very much amongst the children. It is, however, so far as my experience has gone, only an occasional occurrence to find a case of tinea decalvans in these schools.

Upper Gower-street, Sept. 1864.

REPORT OF A CASE OF HYDATID DISEASE (ECHINOCOCCUS HOMINIS) AFFECTING THE KIDNEYS.

BY A. LEITH ADAMS, M.B.,
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PRIVATE P——, aged thirty-five; countenance sallow and climate-worn; served in India for eleven years. He stated that shortly after his arrival in England from India, in 1855, he began to experience dull aching pains in the loins, especially over the left kidney; and that he had been annoyed by these pains frequently since, but more so during the last three years he had been quartered in Malta. In March, 1862, the pains increased in severity, so that on the 2nd of April he came to the hospital complaining of intense pain in the lumbar region shooting down the ureters into the bladder, but more especially on the left side. It became so intense as to oblige him to walk in a bent position, and lie in bed with his legs drawn up. He complained likewise of a pricking and uneasy sensation along the course of the urethra. His urine was scanty, and the skin hot and feverish. From the intensity of his sufferings it was surmised that one or more renal calculi were making their way into the bladder. Neither the warm bath, fomentations, nor opiates seemed to relieve him, until the following morning he got up to void urine, but finding some obstruction in the canal he was on the point of sending for aid, when suddenly, after a little straining, he expelled a gelatinous mass, which turned out to be true echinococci cysts. A few were entire, and of the size of a hemp seed; but the larger individuals were much torn. He voided a few more about an hour afterwards, when the symptoms disappeared, and in the course of a few days he returned to duty apparently cured. For the following four months he continued free from all of the above symptoms, and enjoyed a degree of health he had not experienced for many years, when suddenly, on the 4th of August, he was seized with darting pains in the urethra, and a desire to micturate. After making violent efforts for a few minutes, a large torn cyst came away with a copious discharge of urine, which was slightly acid, and contained abundance of epithelial cells. Instant relief followed. On the 18th of the same month he passed one large and several small echinococci, preceded by exactly the same symptoms, and followed by the same result. Again, on the 26th, after a sudden seizure in barracks, he voided a colony of cysts, varying in size from one as large as a pigeon's egg to many entire specimens of microscopic dimensions. As usual, complete relief was the result. On the 25th of September, after an interval of ease, his sufferings returned as before, and lasted for several hours, during which he kept passing large quantities of cysts. The largest individual was much torn, but had evidently equalled a hen's egg in size. On this last occasion he voided more than at any one former period. The result was that for eight months he seemed to have got completely rid of the parasite, and his general appearance betokened a decided improvement in health. Suddenly, however, on the 14th of May, 1863, the lumbar pains shooting along the ureters and urethra set in, and he voided a few cysts; and scarcely a week passed that he did not get rid of what seemed entire colonies. Racking pains in his back and limbs, accompanied with constant thirst, loss of appetite, and increasing debility followed, so as to render him perfectly unfit for military duty. Accordingly he was invalided, and sent to England in the following October. Since then he has been discharged from the service.

Remarks.—The microscopic examination of the cysts showed the double circlet of hooks, varying in number (as many as forty were counted on one crown); few seemed complete, having lost many of their hooks either by decomposition or the rough usage sustained during their passage outwards. As seen on Figs. 1 and 8, occasional hooks were found detached or lying

Figs. 1 to 7, × 360 diameters. Figs. 8 to 10, × 500 diameters.
SIZE.—Fig. 1, 1-300th × 1-700th inch. Fig. 2, 1-400th × 1-800th inch.
Fig. 3, 1-1800th inch.
Average hooklets, 1-1000th × 1-4000th inch.

on the surface of the cysts. Each hook was slender, tapering, and acute. Two cell-walls were distinctly visible, and appeared to be perfectly structureless and transparent until treated with caustic potash and red ink, when they presented a stratified and wavy appearance. The four suckers mentioned by authors could not be made out even by a lens magnifying to 500 diameters. The circlets of the large vesicles were not visible, possibly from having been removed by friction; there was no difficulty, however, in finding them in individuals as large as a hemp-seed, and such as are here shown, together with the calcareous corpuscles which were abundantly strewed

over the surfaces of the coats. The uniform size of the corpuscles, together with the number and configuration of the hooks, at once distinguish the above from the acephalocyst. From the injuries sustained by the vesicles, the pedunculated buds from which the armed cysts arise could not be made out. Whatever may be the specific distinctions between the two forms of echinococci described by Küchenmeister, and denied by Leuckart, Cobbold, and others, according to the diagnosis of the first-named helminthologist the individual in question agrees with his description of E. altriciparies seu E. hominis of authors.

The symptoms were in general characteristic of the separation and passage of the cysts, especially when the pain was intense; but latterly this was not always the case, and it is more than probable he may have voided them unconsciously long before and after they were first discovered. The continued absence of any internal swelling either over the kidneys or bladder, and the non-appearance of hydatid trembling (*frémissement*) on percussion, would seem to indicate that the collection was never extensive enough to give rise to these symptoms. The lumbar pains being generally most intense over the left kidney and ureter led me to suppose that the parasite existed, if not altogether, at least in the greatest abundance in that organ. From the history of the case, there is a probability that the patient contracted the disease whilst in India. According to his own confession, and my experience of his state of health for nearly fourteen years, I have been unable to find out that he had been ever affected by tape-worm, although many of his comrades have been frequently infested by the tænia mediocanellata, which I apprehend is the most common form amongst soldiers. At least, of many heads examined by me, I have not been able to discover any hooks. Moreover, the obstinacy wherewith this parasite almost invariably adheres to the intestine, in spite of a carefully conducted treatment and the most powerful anthelmintics, together with the anatomical characteristics of the matured segment, leave little doubt as to its being a distinct species from tænia solium. I believe, however, the last-named cestode is also to be met with amongst soldiers, more especially where pork forms a portion of their ration, or at stations such as India, where inferior qualities of animal food are sold in the native bazaars; but as beef is the most general form of animal food on which the soldier subsists, and seeing that the cysticercus of tænia mediocanellata infests oxen, the circumstantial evidence tends towards the supposition that the germ is introduced into the alimentary canal by eating their raw or underdone flesh. Out of 103 carefully recorded cases, I find that 55 men had been frequently in the habit of eating raw portions of beef, mutton, pork, or bacon; whilst 48 stated that they positively abhorred the idea. However, many of the latter preferred their meat ration much underdone. It would seem, moreover, from inquiries I have made that it is no uncommon practice for soldiers and the lower class of English labourers to eat raw meat. Although I have failed in being able to discover cysticerci in either the beef or salt pork supplied to the troops in Malta, there is no lack of "measled pork" in the butchers' stalls in the villages. I lately saw a pig's liver at a stall in a village of Goho charged with cysticerci. The owner, however, soon removed it when he saw it had attracted my attention. At all events, with reference to soldiers, there is no doubt that tape-worm is very common, more so than should be the case amongst a body of men so well fed and cared for. The mode of cooking in the army has, moreover, been defective; but now a system is being introduced which must effectually prevent the introduction of cysticerci by badly-cooked animal food.

Malta, 1864.

CASE OF ACUTE MANIA, TERMINATING SUCCESSFULLY.

BY R. GARDINER HILL, M.D.

THE following case, which came under my care at Earl's Court House, Brompton, appears to me to be a good example of the acute form of mania:—

A. B——, admitted 24th November, 1863. Insane about two years; under confinement, immediately prior to admission, four months. Said to be incurable; removed by order, the asylum not having the requisite accommodation for the treatment of such a case. Patient forty-four years of age, the wife of a professional man; no children. She is of spare habit of body; expression anxious and careworn; complexion sallow; tongue white; skin dry; pulse quick and weak. She is insensible to ordinary calls, and very destructive to clothing and property; supposed to be suicidal, but not dangerous to others.

Nov. 25th.—Very incoherent; exceedingly active; always either singing, dancing, or imitating the sound of the French horn. Has been mischievous in the night: destroyed the whole of the bedding, and has since thrown several things into the fire and burnt them; has also torn nearly all the paper from the walls, and destroyed the carpet and sofa-cover. Fire-place to be guarded; and strong clothing and ticking boots with screw locks substituted for the ordinary attire. Carpet to be replaced with cocoa-nut matting; bed and blankets to be enclosed in strong ticking cases, and the latter quilted. Had no sleep last night; was either imitating opera singers, blowing the French horn, as in the day-time, or raving and shouting. Eats heartily. Has the use of the padded room at night. Habits very dirty: will not use the night-chair, although taken to it frequently; wets her clothes.

27th.—Still maniacal and noisy; had another restless night.

28th.—Indulges her destructive propensity; got the mattress out of the case during the night and destroyed it. Intractable, and not willing to be dressed; bit one of the nurses on the hand. To have a glass of sherry and some good beef-tea every morning at eleven, and a strong glass of brandy and-water at bedtime, in addition to the ordinary allowance of beer; also two drachms of tincture of henbane in camphor mixture at the hour of sleep.

29th.—Has had a good night, and is much quieter to-day. Bowels torpid. To have an enema.

Dec. 1st.—Continues very destructive. Appetite good.

3rd.—Bowels confined. Enema repeated; no effect.

4th.—Repeat enema, with two drops of croton oil.

15th.—Slightly improved, but still maniacal and destructive to property. Requires an enema every third or fourth day.

To amuse the patient, and divert her attention from the matting and furniture, the walls of her apartment were covered with some old numbers of the *Illustrated London News*, mixing some alum in the paste to make the paper adhere well. These papers were a source of great amusement, and were renewed from time to time as they became soiled or were torn off by the patient.

19th.—Quieter, but still destructive; the matting has suffered considerably.

24th.—Quieter; not so dirty in her bedroom. The fire-guard having been left unlocked for a few seconds, the patient put her feet upon the fire and burnt her boots.

30th.—The matting in the sitting-room is quite destroyed; and she is so destructive to clothes and bedding—which she pulls to pieces with her teeth, and which also become rotten with the repeated wettings—that a bed has had to be specially constructed for her. This she cannot destroy; and as the tick cover can be removed every morning, the bedding underneath being protected with mackintosh, she can now be kept clean without difficulty.

Jan. 18th, 1864.—A special nurse engaged, to have her under surveillance at all times.

29th.—Particularly restless and noisy the last two nights; sang and danced until she became nearly breathless. A draught containing one grain of acetate of morphia, taken at bedtime, occasioned sickness.

30th.—Slept only two hours; not wet at night. She is under the delusion that her legs and arms are fractured.

31st.—Still restless. To have henbane as before, with sulphuric ether and camphor mixture, at bedtime.

Feb. 1st.—Had a good night; much quieter. To repeat the draught.

3rd.—She dined with the other patients, and promised before going in to dinner to control herself as much as possible; but added, "I am afraid I have little if any control over my actions." Towards the end of the meal she became restless, and requested to be allowed to return to her own room.

15th.—Has had her meals with the other patients since the 3rd. Sometimes she talks rationally; still wets herself.

March 12th.—More tractable; associated with the other patients; still requires to be watched; occasionally mischievous. She has more control over her actions.

20th.—Amuses herself a good deal at the piano, plays at whist, &c. Her performances on the piano were very extraordinary at first, but are becoming less so. She is quieter, and improving every day. Although her singing during the maniacal paroxysm was very beautiful and sweet, now that she is improving she is quite losing the art. She has still a little propensity for destroying clothes.

April 2nd.—Very much improved; plays at cards with the children; attended divine service yesterday, and family prayers this morning. Removed to an associated bed-room. She is now wearing dresses of ordinary texture.

9th.—Continues to improve; has only wetted her bed once since last report.

11th.—Improving daily; plays at croquet and cards with the children. She plays quietly on the piano; but has quite lost her voice for singing. Her friends say she never could sing.

22nd.—Employed in needlework, and very rational.

May 20th.—So much better that she is able to go out with the family. She attends church regularly, and spends a good deal of her time in teaching one of the little boys his lessons.

From this time she gradually improved, went to several places of amusement, concerts, Crystal Palace, Polytechnic, and even to a white bait dinner at Greenwich. On the 13th of July she left the house on trial; and on the 27th was discharged recovered.

Earl's Court House, Brompton, Sept. 1864.

REPORT OF TWO CASES OF COMPOUND FRACTURE OF THE SKULL.

TREPHINING; REMOVAL AND ELEVATION OF DEPRESSED BONE; RECOVERY.

By A. HARRIS, M.D.

HENRY M——, aged nine years, on the 9th of March, 1861, fell from a loft into the stable-yard, a height of fourteen feet, and struck his head against a projecting stone of the pavement. He was immediately taken to his house, and I was in attendance in about ten minutes after the accident. I found him lying on a sofa, affected by stupor, surface of body cold, breathing difficult, pulse weak. He could be roused by speaking to him. There was a lacerated wound of about two inches and a half in length near the frontal eminence on the left side of the frontal bone. On introducing my finger into the wound, I found an extensive depressed fracture of bone, one margin of which was driven under the sound portion. Believing that raising the bone would be the wisest course to adopt, I enlarged the wound, and trephined in the usual way. Two large and several small pieces of bone were then removed, and a considerable piece, which was not detached, raised to the proper level. The inner table was fractured to a greater extent than the outer. Having ascertained that nothing remained that was likely to irritate, and the dura mater appearing uninjured, I closed the wound by three sutures, and applied cold-water dressing.

I saw him again four hours after the operation, when he very readily answered my questions, and was inclined to sleep.

March 10th.—Had a tolerably good night; complains of soreness over the wound.

13th.—Removed the dressings and two of the stitches; wound healthy, and in great part healed; free discharge of pus.

16th.—Has gone on well to this time, and left his bed this day; removed remaining stitch; still discharging freely.

He continued to progress favourably, and at the end of two months from the receipt of the injury was quite well.

C——, aged fourteen years, mason's boy, on the 13th of November, 1861, fell from the second floor of a house (a height of sixteen feet), which was in course of building, on to some stones on the ground, his head coming in contact with the corner of a large one. He was immediately picked up insensible, and conveyed home. I saw him about an hour after the accident. He had not recovered his consciousness, and was in a state of deep stupor, from which I could not rouse him. Breathing stertorous; pulse full; pupils dilated. On examining his head, I found a small scalp wound near the anterior superior margin of the right parietal bone. I enlarged the wound, and discovered that there was a considerable indentation in the bone, and across its middle I detected a crack with the probe; the margin all round appeared not to be fractured, but bent. The symptoms warranting operative interference, I trephined, and succeeded in raising the depressed bone, and only two small pieces and a few spiculæ of the inner table required removing. The boy spoke and complained of his head directly the bone was raised. The wound was then closed with plaster, and cold-water dressing applied.

On the next day my patient was quite conscious, but complained of his head. I ordered an aperient, which relieved him. He kept his bed ten days, and at the end of six weeks had quite recovered from the injury.

Camborne, Cornwall, Sept. 1864.

REPORT OF A CASE OF OPISTHOTONOS CURED BY ICE.

By EDWARD HOWARD, M.R.C.P.I.

THIS case seems worthy of record in a medico-legal point of view, as, under many circumstances, poisoning by strychnia would have been strongly suspected.

On the 13th of August, in the afternoon, I was summoned to attend Mr. C——, aged twenty-five, of bilious aspect and nervous temperament. He is a foreman in a draper's shop, but much out of doors as an agent collecting orders. About two years ago he was under my care with well-marked hysteria, which diagnosis was subsequently confirmed by other physicians who saw him. From that he recovered by a liberal diet and a general mineral-tonic treatment. He has enjoyed good health during the last eighteen months, although I do not doubt he has had much anxiety from failure in trade.

On arriving, I found my patient lying over the back of a chair, his shoulders and legs being supported by four attendants. His body was drawn backward and arched; attempts to put him straight caused a fearful increase of pain, which he described as like having a testicle pressed strongly. There was also a sense of suffocation from contraction of the abdominal and intercostal muscles; heart's sounds and action normal; pulse feeble and quick (72). I had him placed on a couch, with a sofa-pillow under his back as a support. He was perfectly sensible, and had had no fit or loss of consciousness. A few hours before, he had a dull pain in the spine between the shoulders; this increased, and he found himself unable to speak to a customer he was serving. He went to the back of the house to get fresh air, and then was suddenly drawn back by the tonic spasm in which I found him. Tongue moist and clean, and the bowels regular. He had received no wound or injury of any kind, nor taken anything that could have disagreed with him. There was no sickness or nausea. Ordered a light nutritious diet, and five grains of sesquicarbonate of ammonia in infusion of gentian every fourth hour.

Aug. 14th.—Morning: Much the same; not worse, but no definite amelioration. Ordered ice to be constantly applied along the spine, and to continue medicine.—Evening: Better; the spasm less violent, and the breathing unimpeded. To continue the ice, and take five grains of citrate of iron and quinine every sixth hour.

15th.—Still improving. The opisthotonos has vanished; only tenderness along the dorsal spine remains, and slight spasmodic pains on sudden movements of the body.

I need only add that the progress to entire recovery was rapid, and hitherto there has been no sign of a relapse.

Red Hill, Surrey, Sept. 10th, 1864.

ON A CASE OF SUDDEN DELIVERY, WITH RUPTURE OF THE FUNIS.

By WILLIAM ST. JOHN COLEMAN, L.R.C.P.

NEVER having read or heard of a similar instance, I was naturally enough impressed with the great danger of the following at the time. I am induced, from this fact, to place it upon record. The interest of many cases, too, depends upon their isolation, and from the scarcity attending similar reports, it may not be without attraction to the profession. To my more immediate brethren, the junior members of the profession, it will be of service, as the relation of a case of unusual interest, fraught with great danger, and of which many of them, like myself, had never learned like particulars.

On June 7th I was called to see Mrs. M——, in labour with

her second child. She was standing by the window of her bedroom as I entered, her right hand resting upon a small table, her left making pressure over the left hip. She had not true labour-pains upon her, she said. It wanted some few days of her full time, and up to an hour before she was quite well. As she spoke I heard the splash of what I knew must be the liquor amnii on the floor, and I had scarcely time to ring the bell for the nurse, when "plop" a heavy body followed. Pushing aside her dress, I found the infant, lying on its back, the funis ruptured about an inch from the umbilicus, and spirting blood, while from the distal extremity of the long portion attached to the placenta blood also dribbled, but slowly. The pressure of my fingers checked the hæmorrhage from the child at once, when I immediately afterwards secured it with a ligature, and gave the child to an attendant, respiration being established on the moment of delivery. Making pressure over the uterus, I lowered the mother on to a bed thrown hastily on the floor, and proceeded to apply a bandage. "Something has gone back," she said, and I could feel that the uterus had not contracted sufficiently to expel the after-birth. This I attempted to bring about by gentle friction and continued pressure, and I had the satisfaction, after three-quarters of an hour, to find the placenta come away.

The points of interest in connexion with this case I may here briefly recapitulate, adding such other information as may be of any importance in connexion with it. Primarily then: Its sudden character, one hour previous the patient being perfectly free from any indications of her approaching delivery. Even at the moment she could not be made to believe that true labour pains had set in. In the second place, her almost erect position at the expulsion of the infant; his immunity from injury and excellent health up to the hour I write; the slight character of the hæmorrhage; the patient's own speedy recovery without a single bad symptom, and the absence of any cause to account for the extraordinary nature of her confinement. She is a well-built, healthy woman. Her first labour presented no unusual occurrence, and her position does away with the supposition that hardships of any kind could possibly be connected with her sudden delivery.

Hillsea Malbay, Sept. 1864.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF PHTHISIS, PLEURITIS, EMPHYSEMA, PNEUMOTHORAX, EMPYEMA, AND BRONCHITIS, ENDING IN DEATH.

(Under the care of Dr. GARROD.)

THE extensive complication of chest-disease in the following case renders it one of considerable clinical interest. The phenomena are sufficiently characteristic, but we would draw attention to the fact that cough was noticed only three months before admission, and that emaciation followed on its increase. The liver was pushed downwards, from the presence of air in the right pleura.

R. R——, aged forty, a tailor, was admitted into the hospital on Jan. 23rd, 1864. Born and bred in London. Of intemperate habits. No phthisis in the family. Previous health good. When a boy had "the fever." He is rather short-winded. There is no history of winter cough, night-sweats, emaciation, hæmoptysis, pleurisy, or wound of the thorax. Three months ago he first noticed that he had a cough, which he ascribed to a cold; this cough increased, and he began to lose flesh. On the 21st he had a violent fit of coughing, during which he experienced the sense of something having given way in his thorax, followed by sudden violent pain in the side, which "took away his power of breathing, and seemed at once to draw in the ribs on that side." After a time the pain diminished from its first intensity, but has remained severe ever since.

The notes of the case on admission are as follows:—The left lung in inspiration expands much more than the right, which is almost motionless, measuring half an inch more than the left; and the intercostal spaces bulge. At the apex of the right lung the percussion note is normal both anteriorly and posteriorly, but some coarse crepitation can be heard, mingled with vesicular respiration. The vocal resonance and vibratory thrill are much less over the right side; and from the spine of the scapula to a line on the level with the ninth dorsal spine the resonance is very great, and no respiratory sounds are to be heard. Over this very resonant area the voice has an amphoric character, and speaking is followed by metallic tinkling, as also is the act of coughing. From the level of the ninth dorsal spine to the line of hepatic dulness, which in this case is low down, there is a peculiar amphoric percussion note, like that heard on percussing over the colon distended with flatus, which extends into the lower lateral region, being heard in a wedge-shaped space whose base is at the spine. In the lower part of the right side, laterally and anteriorly, are great pain and tenderness. In front the resonance is distinctly increased from the second rib to the upper border of the seventh, the liver being displaced downwards; this increased resonance extends to the left margin of the sternum; over this space no respiratory sounds can be heard, but metallic tinkling and amphoric voice are everywhere present. Over the left lung the resonance is normal and the respiration puerile, the expiration being much longer than inspiration. Over the back and front there are rhonchus and sibilus. His cough is troublesome, and he expectorates with difficulty quantities of viscid glairy mucus. There is no cardiac dulness, and the heart sounds are normal, though feeble and distant. Pulse 96, irregularly intermittent. His arteries are very rigid, and he has a well-marked arcus senilis. Tongue furred. Bowels open. Urine acid; turbid with lithates; no albumen. He sleeps badly, has no appetite, and is very thirsty. In the right interscapular space respiratory sounds can be heard. Ordered a saline expectorant mixture.

Jan. 30th.—Scarcely any respiratory sounds to be heard anywhere in front of the right lung, except occasionally a few moist sounds. He breathes best when sitting up in bed; but there is no urgent dyspnœa. The pain below the right mamma is still present, and is aggravated by moving or coughing.

Feb. 2nd.—Respiratory sounds are heard faintly over the right lung down to the angle of the scapula behind and the fifth rib in front, with some rhonchus and sibilus. The other signs remain the same. His cough is still troublesome, and expectoration is difficult.

10th.—Much less rhonchus and sibilus over both lungs; less dyspnœa; the cough and pain are much easier, and he is altogether better. Pulse 100, not intermittent. Ordered cod-liver oil, and syrup of the iodide of iron.

16th.—The tympanitic percussion-note at the right base behind is replaced by absolute dulness. Breathing sounds heard all over the right lung, though much fainter and more distant in front. Elsewhere the physical signs remain the same.

20th.—Cough and dyspnœa severe; expectoration purulent; no metallic tinkling on succussion.

27th.—There is dulness up to the angle of the scapula behind and to the fourth rib in front as he sits up, which becomes less on assuming the horizontal position. Above this, more especially behind, is distant coarse crepitation, rhonchus, and sibilus. Amphoric voice-sounds and metallic tinkling are still heard over the lower half of the right lung. Pulse 100, every fourth beat intermitting.

April 15th.—Cough and dyspnœa urgent; expectoration copious and purulent, in which no lung-tissue can be detected by the microscope. Pulse 120, very small and thready. He has now scarcely strength to bring up his sputum, and is too weak for physical examination. From this date he became daily worse, and died on the 20th.

The general treatment of this case was confined to stimulants, expectorants, tonics, and occasionally opiates. His urgent dyspnœa was from time to time much relieved by sulphuric ether and turpentine stupes, and dry cupping to the side. Iodine paint was applied for some time; and for the pain and tenderness of the side, linseed poultices sprinkled with laudanum were frequently applied.

Autopsy, forty hours after death.—On opening the thorax air escaped with a hissing sound from the right pleural cavity,

and the liver, which had been displaced downwards, was seen to rise as the air escaped. The whole of the right cavity appeared nearly full of a purulent fluid, to the amount of three or four pints, of a rather alliaceous odour, and containing flakes of lymph. At first there was no appearance of lung at all, for it was found bound down to the posterior wall of the thorax along the vertebral column, except the apex, which was adherent to the top of the pleural cavity, and the base, which was bound down to the diaphragm. The cut lung was of a dark-prune colour, and in substance was carnified. The left lung was emphysematous, and the bronchial mucous membrane red and congested. At the apices of both lungs there were deposits of tubercle, and scattered tubercle in both lungs, some being quite superficial. No vomicæ could be discovered. The heart and the abdominal viscera were all apparently normal.

GUY'S HOSPITAL.

CARCINOMATOUS GROWTH IN THE INFERIOR VENA CAVA THROUGH NEIGHBOURING EXTENSION, AND PRODUCING OBLITERATION.

(Under the care of Dr. GULL.)

AN unsuspected and rare cause of venous obstruction is illustrated in the following case. The diagnosis during life as to the existence of an impediment in the circulation through the inferior cava was clear enough; but its nature was doubtful or unsuspected until death revealed it, when it was found to be the result of an extension of cancerous disease from the liver and diaphragm, not only penetrating the vein, but actually obliterating it. The azygos and intercostal veins under such circumstances became greatly enlarged, the former being half an inch in diameter. No complaint of illness had been made until five weeks before admission.

The brief account given is taken from the post-mortem register of Dr. Wilks.

Eliza C——, aged twenty five, was admitted into the clinical ward on Feb. 25th, 1864. The patient was first admitted into Mary ward on Dec. 4th, 1863. She was a needlewoman, living at Deptford. She said she had been well until five weeks before, when she was taken with sickness, cough, &c., and afterwards swelling of the legs and abdomen. On admission she was very thin, and the veins were enlarged on the abdomen, indicating some obstruction to the vena cava. In course of time these became larger, and an obstruction at the inferior cava was very evident, especially when pressure was made upon the veins, when they became much distended below. The abdomen enlarged in size, and the patient became extremely emaciated. She thus continued for some months, having at last diarrhœa and vomiting, until death took place on April 5th.

At the post-mortem examination, the lungs were found studded with nodular masses of cancer in various stages of growth and degeneration. The vena azygos was very much enlarged, the diameter being fully half an inch; the intercostal veins were also very large. The abdomen was distended with fluid, and the peritoneum thickened and opaque. A cancerous growth involved the diaphragm, upper part of the liver, and vena cava. The cancer was hard and fibrous, and converted the diaphragm into a tough, thick substance. This was continuous with a similar growth in the liver. At the point of passage of the inferior cava a mass surrounded the vein, and obliterated its cavity. It was thus much shrunken by the contraction around, and at one spot the growth had penetrated the walls, and was seen in the interior. Below this the vein was almost obliterated, the sides meeting. When laid open, it was found to contain a closely adherent membrane within, which appeared to have resulted from an old coagulum. This extended down as far as the renal veins. This adherent membrane was so firmly attached to the vein that it appeared to blend with it at its lower part.

ST. GEORGE'S HOSPITAL.

DISEASE OF THE HEART, AND CONSEQUENT EMBOLISM OF THE ARTERIES OF THE SPLEEN, KIDNEYS, AND LOWER EXTREMITY.

(Under the care of Dr. FULLER.)

AS an interesting instance of embolism we have taken the following case from the notes of Mr. Octavius Sturges, in the hospital register. The comparatively insignificant nature of the symptoms at the early part of the case disarmed suspicion as to its real nature, and ague was at first suspected. The pain, however, experienced in the region of the spleen was explained by the subsequent progress of the case.

James G——, aged twenty-seven, was admitted May 18th. He was an engineer, and exhibited little signs of impaired health. Had severe pain in the left hypochondrium, and frequently-recurring rigors. This last symptom, coupled with his residence at Deptford, was suggestive of ague, and in the absence of physical signs of disease in the chest, that view was for a time adopted. His condition, however, was not one (to all appearance) of serious illness, and no very accurate diagnosis was arrived at. He was given quinine, with ordinary diet, and was soon able to walk about the ward. It was soon found that the rigors, which were followed by profuse sweating, were quite irregular in their occurrence. The pain in the side corresponding to the normal position of the spleen was described as very severe. Towards the end of May slight œdematous swelling appeared in the left ankle, which was excessively tender and somewhat discoloured. About the same time the rigors disappeared, but profuse sweats were still present. On the 28th five ounces of brandy were ordered, and a lotion of laudanum and lead applied to the foot. The œdema had nearly subsided by June 1st, and now the sole of the right foot exhibited a well-marked bluish patch, with defined border, having something of a gangrenous appearance. The pulse was 104, full and soft, with a thrill on partial compression; frequent sweats; no appetite; red, raw tongue, and a feeling of numbness in the left heel. Bark and ammonia were now given, with a full allowance of brandy. The sounds of the heart had been hitherto natural, but about this time a very circumscribed low systolic bruit was said to be audible. By June 7th a red patch appeared over the nose, with some tumefaction and tenderness. The character of the pulse was much as before; the patient was excessively weak, but had lost none of his intelligence; the erysipelas gradually spread over a large portion of the face; the spot existing on the left sole did not increase or alter, except to become more faint. On the 9th he became fidgetty and uneasy, occasionally wandering in his mind, and no longer alive to his condition. There was now a distinct bruit with the heart's systole, loudest near the apex. He died on the 15th.

Autopsy, thirty-two hours after death.—The brain and its vessels normal. Each pleura contained a little blood-tinged serum and a few old adhesions. The lungs a little œdematous. The pericardium contained a little blood-tinged fluid. Upon the mitral valves, especially the hinder flap, were several hard nodules, of small size and old standing. To one of these was a long pendulous mass of soft recent growth, which might have been readily detached. The blood was quite fluid. The whole central part of the spleen was converted into a fibrinous block, of which some parts were softened almost into a pulp; the line of demarcation separating the block from each end was very abrupt. A branch of the artery which led into the block was partially obstructed with fibrin. Both kidneys contained more than one fibrinous block, of harder texture and more recent date than that in the spleen. The supra-renal capsules were very soft, but not otherwise unnatural. The liver was pale and fatty. The upper part of the femoral artery was more than usually adherent to the neighbouring tissues. About three inches below the origin of the profunda the superficial femoral contained a short fibrinous plug, which was hardly large enough completely to close the vessel. Just below this were the remains of a plug of much older date, for there was a small quantity of white, pulpy matter, which looked like thick pus, but under the microscope was found to consist of irregular, broken-down material, with oil-granules. This was closely incorporated with the coat of the vessel. For the space of six inches below the plug first described were irregular shreds of fibrin, too small to obstruct the channel, which were not adherent to the coats. No further obstruction was discovered in the arteries below the knee.

TRIUMPH OF HOMŒOPATHY.—Italian doctors bled Cavour for typhus. If Pius the Ninth had been Alexander the Sixth, they would be suspected of having been feed by the Pope. Cavour died. General de Williesn, Prussian Minister at Rome, was seized the other day with "pernicious" fever. The doctors did not kill him. His physician was a homœopathist. The only cure for the *pernicious*, a sort of ague caused by malaria, is quinine in large doses. That remedy in those quantities was not prescribed for General de Williesn. The General was physicked with globules. He died in a few hours. Pernicious fever alone killed him. Typhus, apart from treatment, did not kill Cavour. So homœopathy triumphs on the whole.—*Punch.*

Reviews and Notices of Books.

Outlines of Surgical Diagnosis. By GEO. H. B MACLEOD, M.D., F.R.C.S., Lecturer on Surgery, Anderson's University, &c. 8vo, pp. 443. London: Churchill and Sons.

THE title of such a book commends itself to the attention of a very large section of readers, and it is remarkable that the field which Dr. Macleod occupies has been so long left open by our English authors. Diagnosis is of course a matter of the first importance: and if it be not equally difficult in surgery as in medicine, yet its complexity is such that it cannot be mastered even tolerably without much labour and study; and the most experienced surgeons have not been free from occasional errors in diagnosis of the most serious kind. Three of the greatest surgeons in France—senior surgeons of the largest hospital—committed, each in his turn and succession—the terrible blunder of mistaking aneurisms for abscesses; and our own great surgeon, Liston, fell into a somewhat similar trap. The history of errors in surgical diagnosis would indeed be a page most profitable to read; but it would perhaps be invidious to write, even although only published records were ransacked. Few surgeons have the magnanimity of Pirogoff, who has published the history of some of his principal errors, and founded on them commentaries most highly instructive. Dr. Macleod eschews such historical studies. Those who hope to gather any warnings from the past, who expect to be treated to any of the pleasant erudite gossip which the subject seems almost naturally to suggest, or who look to be enlightened even by reference to books and journals from which such further information might be gleaned, will be disappointed. This treatise has many merits; but amongst them apparent erudition cannot be reckoned. It is solely what its title indicates—a treatise on Surgical Diagnosis; and no attempt whatever is made to lighten the dry scientific character of the details. We must say at the outset that we think this is to be regretted. A book on Surgical Diagnosis might usefully teach by example as well as by precept. Notes of celebrated cases, references to difficult and obscure examples of disease, would not only have given a more living interest to the pages, but could hardly have failed to render its teachings more vivid and more impressive. In a treatise of this magnitude and importance, the reader might have hoped to find illustrations abound of the difficulties which he may expect, and instances of the sources of error against which it is intended to warn him. He might look for bibliographical indications in footnotes, if not for details in the text. He will look in vain, however, in this work. Strange to say, we do not find a reference of any sort to any book whatever throughout the whole volume; not a case is quoted—hardly an example given; and so far as this volume affords any indication, there may not be any line written by any other author on its subject, or any sources of illustration accessible or desirable. This extreme bareness is not commendable. The fashion of ignoring the exertions of other labourers in the vineyard is not a very good one. We do not remember ever to have seen it carried to this extent. Dr. Macleod has here the misfortune to make a book, of which both the title and the subject are inviting, as heavy, as dry, and as purely didactic as it was possible to make it. We think, too, that he has greatly marred its usefulness by this total omission of the illustrations of his various precepts, in which the history of British and foreign surgery so richly abounds.

We cannot but find another fault with this work; and we are compelled to speak first of the faults, although there is much to praise in it, and to praise is the more agreeable task where so much conscientious labour has been bestowed. We believe that the arrangement adopted is about the worst which could be devised. The book is divided into separate articles, which are set forth in alphabetical order. Thus all logical connexion is lost. The subjects are like mosaic work, taken to pieces and shaken in a bag, in which all traces of the original design are lost. The book is without apparent cohesion, and the extreme dryness due to the bare mode of treatment of which we have spoken is thus seriously enhanced. The plan of arrangement which would probably be most advantageous would be by regional progression: the alphabetical dislocation of subjects naturally connected is the most inartistic and incomplete method which could be pursued.

Passing these general topics of style, literary treatment, and systematic arrangement, we are happy to find in the separate articles much that gives to the book real value, and to the author ample credit for accuracy, ingenuity, and fulness of surgical information. The parts of the book which we would especially indicate as being very carefully and well worked out are those on Dislocation and Fracture. The differential diagnosis of these various injuries is given with a conciseness and yet a completeness which is highly satisfactory. The symptoms are detailed in a quasi tabular form, and an excellent view of the positive and differential characters is afforded. The brevity, clearness, and abstinence from any but directly essential matters which the author rigidly prescribes for himself, are virtues very welcome here; although even here references to cases, hints of practical difficulties, and especially a few drawings, would not have been out of place. Outline drawings are exceedingly useful in enforcing through the eye the impressions as to linear alterations in form which words convey less clearly. The book is entirely devoid of any illustration whatever.

As a volume to be read through, this treatise is, as we have said, particularly uninviting, from the mode of treatment adopted. It will be more useful as a book of reference. The surgeon will especially be disposed to recur to it if finding any disease in any part of which he is not quite able to determine the nature. He will then look into these pages to see what forms of disease may be expected in that part, and whether he has forgotten to take any of them, or circumstances relating to them, into consideration. Thus, to test the usefulness of it, we may select such articles as those on the Axilla, the Groin, &c. Taking, then, the article on the Axilla (Tumours of), as first in alphabetical order, we find that Dr. Macleod enumerates—1. Bony: (*a*) the head of the humerus, dislocated; (*b*) the head of the humerus, detached by fracture; (*c*) fracture of the humerus, with projection into axilla of the upper end of the lower fragment. 2. Lymphatic glands: (*a*) when inflamed; (*b*) chronically enlarged; (*c*) tuberculously infiltrated; (*d*) cancerous. 3. Abscess: (*a*) from suppurating glands; (*b*) from disease of the ribs; (*c*) coming from a distance. 4. Tumours connected with the Bloodvessels. 5. Hernia of the Lung. 6. Traumatic Emphysema. Now, first, we can but complain of the meagreness with which these items are treated; as, for example, abscess of the lymphatic glands, which is dismissed in three lines, no attempt being made to distinguish between the superficial and the deep—a distinction which is really of great importance as a matter of surgical diagnosis and treatment, and which has been the especial subject of study by more than one surgical author: the small tuberiform phlegmonous abscesses of the superficial glands being very distinct indeed in character and consequences from the deep-seated abscesses resulting from the phlegmonous inflammation of the deep lymphatic glands, which may presently distend the cavity of the axilla, and point beneath the pectoral or the axilla, or even above the clavicle. But besides this meagreness—which is general, inasmuch as the whole article is very brief—we must point out that there are in the list serious omissions. Thus, under the head of "Bony Tumours," or of "Hard Tumours," we might have expected to find a description of some of the neoplastic growths to which the bones are subject in this as in other parts. Surely, in examining such a tumour in the axilla, the surgeon ought to bear in mind the possibility of its being a fibro-plastic growth springing from the scapula, or the clavicle, or one of the ribs; or of its being an exostosis of the

coracoid process or humerus, or an enchondroma. Then, too, there is a case on record in which Sir Everard Home removed a neuromatous tumour from the axilla; and Thomson removed, in 1828, a lipomatous growth weighing some twenty-eight pounds. These are all "tumours of the axilla" which certainly ought not to be omitted from such a book.

From Tumours of the Axilla we turn to Tumours of the Groin, and here the varieties are thus enumerated:—

"The various tumours which may be met with in the groin are—1, enlarged lymphatic glands; 2, abscesses; 3, lipomata; 4, aneurism; 5, varicose dilatation of the saphena; 6, the dislocated or fractured head of the femur; 7, hydrocele and hematocele of the cord; 8, hernia; 9, testicle arrested at the ring; 10, cancerous tumours; 11, cysts; 12, enlargement of the bursal sac which lies below the tendon of the iliacus and psoas; 13, fibrous tumours of the iliac fossa."

This list is by far more carefully drawn, yet we miss some recognised forms of tumour which it would have been proper to include and describe. Thus no mention is made of those fatty growths which exist here in a diffuse form, and which are found, as it is important to remember, around old hernial sacs. Exostoses are, again, ignored; and although the arrested testicle is mentioned, and its symptoms described succinctly, no word is said of the arrested ovary which has been found here in the female, forming a tumour, augmenting in volume, and becoming more sensitive to the touch at each menstrual period. Thus it will be seen, that with whatever goodwill, we cannot, on examining the book critically, give to its design or execution unqualified praise. Nevertheless, it bears evidence of labour and experience, which must conciliate the critical, and which will enable all to read it with profit.

OUR LIBRARY TABLE.

Holiday Papers. By HARRY JONES, M.A., Incumbent of St. Luke's, Berwick-street. pp. 431. Hardwicke.—Those of our readers who like natural and unforced humour, cheery and quaint descriptions of things they know, and information conveyed in a delightful style about things they do not know, should by all means procure this book, and share the pleasure which we have felt in reading it. It is about fish, boats, little boys, nursing, continental travelling, dogs, mobs, with descriptive sketches of bird-life and fishing down in odd nooks of the country enough to make one frantic to leave town this genial weather. It is a book for the railway train, for the steamboat, and, above all, for the sea-beach on a hot day, with a blue sky overhead, the soft murmur of the sea close at hand, and a fortnight's holiday just beginning. If we had only space to quote one or two of the drollest conceivable stories with which the work is thickly strewn, not a word of recommendation would need to be added. Failing that, we have only to promise a rich treat to those who will read the book, and our heartiest pity for those who are not delighted with it. It is a book, however, not only of an amusing character: it contains a large amount of information upon many points interesting to medical practitioners. The author has a keen perception of the wants and sympathies of the sick man, with regard not only to his medical attendant, but to his nurse. He throws out many valuable hints and suggestions, which he has derived from a long and intimate acquaintance with the sick room. The "Holiday Papers" have a value far beyond what is generally attached to works of the class, and claim our consideration for the truly healthy and catholic feeling which pervades them. They are full of sentiment without being sentimental, learned without being pedantic, and their style is original without being affected. No member of our profession can peruse them without having his mind directed to the investigation of most important truths.

Handbuch der Lehre von der Knochenbrüchen. Von Dr. E. GURLT, Professor der Chirurgie an der Königlichen Universität zu Berlin. Zweiter Theil, I. Lieferung. ss. 368. Grote: Hamm. (*On Fractures.* By Dr. GURLT, Professor of Surgery in the University of Berlin. Second Division. Part I.)—This important systematic treatise on fractures is continued by its author in the same laborious and intelligent manner as that in which he commenced his undertaking. The portion just issued discusses the subjects of—Fractures of the Spinal Column, of the Ribs, and Costal Cartilages; Fracture and Diastasis of the Sternum, of the Os Hyoides, and the Laryngeal Cartilages. The text contains thirty-one woodcut illustrations after original drawings by the author. So far as our present cursory examination of the new part permits of a judgment, we may say that it is most favourable to Dr. Gurlt, whose work, when completed, will, we doubt not, secure a place side by side with the authoritative treatises of the time.

The Rate of Mortality in Manchester and other Manufacturing Towns compared with that of Cathedral and County Towns. By JAMES WHITEHEAD, M.D. Third edition, enlarged. pp. 72. London: Churchill and Sons.—An interesting and instructive attempt, by a well-known and respected member of the profession, to inquire into some of the principal agencies which are considered to render Manchester unfavourably circumstanced as to sanitary conditions in comparison with other towns differing more or less from it in regard to the distribution of social elements and the character of their several industries.

A Practical Treatise on Diseases of the Skin in Children. From the French of Caillault. By R. H. BLAKE, M.R.C.S.E. Second Edition. London: Churchill and Sons. 1863.—To this second edition of a work which the translator states to have been well received by the profession, he adds now an index and formularies, with some therapeutical observations.

Window Gardens for the People. By the Rev. S. HADDEN PARKE, M.A. London: Partridge.—Some short time back an effort of a peculiar and interesting kind was made in Bloomsbury for improving the home-life of the very poor of London. Prizes were offered for the best flowers grown in the living rooms of Little Coram-street district, and for the most clean and tidy rooms in the same locality. So well has the effort succeeded that the flowers thus reared have been deemed worthy of exhibition and of fête-days in Russell-square-gardens. The scheme has answered admirably in a limited way, but which we have no doubt might be made to widely extend its benefits could it only meet with such kind, persevering, and judicious friends as the Rev. Mr. Parke and his coadjutors. The present little work, which we cordially recommend, explains as briefly, yet as completely as possible, the plan, rules, and the results of the above-mentioned philanthropic endeavour.

British and Foreign Spirits, their History, Manufacture, Properties, &c. By CHARLES TOVEY. Whittaker.—Though not altogether free from faults, this is a very useful and instructive work. In the present state of the spirit market, British and foreign, this little volume may be found serviceable.

THE NEW HOTEL DIEU OF PARIS.—The old hospital is to be demolished, and the plans of the new institution have been adopted. The building will be erected at a very little distance off the present site; and two streets will be considerably enlarged to afford space and frontage. The area to be occupied will be 22,000 square yards, the present hospital not covering half that area. The erection of the new Hôtel Dieu will cause the disappearance of some of the oldest, narrowest, dingiest, and most disreputable streets of Paris. Filth, overcrowding, and disease are the characteristics of these streets.

THE INFLUENCE OF DRAINAGE ON THE RATE OF MORTALITY is strongly exemplified in Salisbury. For nine years previous to the adoption of the Public Health Act in 1850 the annual death-rate was 30 per 1000; for the nine years subsequently it was reduced to 20 per 1000, or one-fourth less. For the close of Salisbury the death-rate for the same periods was respectively 20 and 13. The deaths by consumption for seven years before the drainage were 286; and for seven years since only 143. For the last year (1863) the deaths from consumption were only 11, or 1 in 818 of the population, whilst for the whole kingdom they were 1 in 376.

THE LANCET.

LONDON: SATURDAY, OCTOBER 1, 1864.

IT may be assumed, as a general rule, that an educated person with a decent mode of subsistence, and placed above any immediate anxiety as to food and shelter, feels that he has little or no personal concern with the subject of felony. His affairs may cause him anxiety, or may even take him into a court of law, in the capacity of a principal, or as witness in a case in which others are implicated. But he knows that he is capable, by a course of conduct which is simple, and indeed almost instinctive, of avoiding any close acquaintance with the criminal dock of the Old Bailey. He has no inclination to steal, and still less, if possible, for other crimes which lead to such a result. In fact, a misfortune of this kind is about the last which such a person, looking into the future, would consider as likely to befall him. It would seem to be the peculiar privilege of our profession to furnish an exception to so agreeable a rule. Our relations with the community at large are so peculiar that we are continually walking, as it were, upon the brink of a precipice of this description, into which ignorance, prejudice, or malice may unexpectedly hurl us. Occupied in endeavouring to save life, we may suddenly be called upon to defend ourselves against a charge of destroying it, and this, too, sometimes at a few minutes' notice. This condition of things is well illustrated by a case which has just occurred, and which is of so important a character that we are anxious to direct the attention of the profession to it.

Mr. BRAZIER is a coffeehouse-keeper of Great Suffolk-street, Borough. His wife, a delicate woman, in her fifth pregnancy, engaged Dr. SAMUEL GOSS to attend in her confinement. On the 17th of August last, three weeks before her expected time, she was taken with symptoms which caused Dr. Goss to be sent for. Labour threatened, but did not actually commence until the evening of the 19th, and then the uterine action was slight and inefficient. So little did labour advance at this time that Dr. Goss was not able to say whether the presenting part was the elbow or the knee: he thought it was one of the two. At midday of the 20th there was so little progress that the same doubt was experienced. At half-past eight that evening Dr. Goss was sent for, and went immediately. He was just released from another case which had occupied him with short intervals since the preceding evening. Some expressions of dissatisfaction were used by the husband and mother-in-law of the patient. The statements on either side differ as to the exact terms employed; but, at all events, they were so offensive in character that Dr. Goss resigned his charge of the patient, and quitted the house. Mr. LLEWELLYN, of Blackman-street, was called in by the husband, and was with the patient in less than fifteen minutes after Dr. Goss had left her. Mr. LLEWELLYN on arrival found an arm presenting, and sought the assistance of Dr. GERVIS, of St. Thomas's Hospital, who performed the operation of turning, and the delivery was completed before midnight. Mrs. BRAZIER went on well for several days; symptoms of peritonitis then came on, and she died on the 4th of September, fifteen days after delivery.

Such is a brief outline of the circumstances which resulted in the trial for manslaughter of Dr. Goss on Thursday in last week. It seems that shortly after Mrs. BRAZIER's death an inquest was held on her body. Mr. LLEWELLYN and Dr. GERVIS were summoned to give evidence, and together they made a post-mortem examination. Dr. Goss was not subpœnaed, he was not invited to the autopsy, and indeed only heard of the inquest an hour and a half before it was held. He had thus no time to defend himself, and the Coroner's jury returned a verdict against him of "Manslaughter through neglect." Upon this charge he was arraigned before the Central Criminal Court. If such be the mode in which an inquest is to be conducted, it would be better, perhaps, that the institution should receive commonly its technical denomination—the "Coroner's *Inquisition*." Such a title would best denote a tribunal characterized by so much secrecy, where the accuser remains concealed, and the accused may be condemned ere he hears the nature of the crime with which he is charged. It is simply intolerable that the members of a profession which is already burthened with more anxious responsibilities than attach to any other vocation in life, should have to perform their duties under this kind of tyranny. Our readers will, we are sure, one and all, endorse the remarks made by Dr. BRAXTON HICKS in his letter published in our impression of last week, where he refers to this monstrous case of injustice.

In the trial at the Old Bailey, the object of the prosecution appeared to be to show that the malposition of the fœtus ought to have been recognised by Dr. Goss during his attendance, and remedied by the appropriate measures which were adopted later. In this they completely failed. It was acknowledged both by Mr. LLEWELLYN and Dr. GERVIS in their examination that the condition which they found existing was compatible with a very different state of things a short time previously. They allowed, what is perfectly well known, that even a few minutes often suffice in a lingering labour to change completely the aspect of affairs. They were quite unable to say that Dr. Goss ought to have turned at the time of his last visit to the patient. But, moreover, the cause of death was ascribed to the inflammation which came on several days after delivery; and Dr. GERVIS acknowledged that, had not this occurred, it was his opinion that the woman would have recovered. He agreed, besides, that this accident very often arises after a perfectly natural and easy labour, so that it could not fairly be put down in this case to the difficulty which attended the confinement. The case was therefore abruptly brought to a conclusion with a verdict of acquittal.

Of course the most was made of the step taken by Dr. Goss in suddenly quitting his patient under the circumstances mentioned. In reality this was not the point. It was proved that at the utmost a delay of fifteen minutes was thus occasioned. This was, indeed, dangerous ground for the prosecution to tread upon; for it appeared that Mr. LLEWELLYN, after ascertaining the presentation, quitted the house in search of assistance, and did not return with Dr. GERVIS until nearly three-quarters of an hour had elapsed. So that if the fifteen minutes during which the patient was unattended were of vital consequence, it must be assumed that the longer period *still later in the case* had a much more important influence upon its result. This was, however, the strongest, indeed the only point for the prosecu-

tion, and it was calculated to make a powerful impression upon a jury who were probably not prepared to appreciate any other. The conduct of Dr. Goss generally seems to have been full of anxious solicitude for the welfare of his patient. It was shown that he had visited her repeatedly, sometimes staying by her side for upwards of an hour; and that he had never failed to obey promptly every call to attend her. But he was at the same time in close attendance upon another and a very anxious case. Wearied out by over-exertion and want of rest—taken completely by surprise, when, hurrying in obedience to a summons, he was met by offensive conduct,—it is not surprising that he adopted a course which, although we cannot approve, we find it hard to condemn. It is easy enough to say that he was wrong: very few of us can be quite certain that we should not, under the circumstances, have acted in a precisely similar manner.

In connexion with this remarkable and instructive case there are questions of the deepest importance to us all. In the first place, how came there to be an inquest at all? Surely a medical witness who believed that this poor woman would have recovered had she not been attacked by peritonitis, and who allowed that peritonitis could not necessarily be associated with her treatment during labour, could have no possible difficulty in signing a certificate of death? Surely a certificate was not refused? By what process of reasoning could two medical men, who knew that the honour of a brother practitioner was at stake, reconcile it to their consciences to undertake a post-mortem examination in his absence? There is something inexpressibly painful in the idea that a gentleman of position and repute was allowed by two of his brethren to remain in utter ignorance of the cruel danger with which he was menaced. No warning voice was raised by those from whom, above all others, he might have looked for help, and it was reserved for a throng of his patients, who crowded the Court, and numerous eminent medical authorities, who were prepared to support him, to testify the sympathy which was denied him by those for whom it was a duty. It remains to be considered how it happened that two juries, with precisely the same witnesses before them, came to exactly different conclusions. Either the Coroner's jury must have been more than usually obtuse, or the evidence given in the Central Criminal Court could not have been an accurate repetition in substance of that which led to such a different result in the other tribunal. We leave the alternative to be selected by our readers, with the history of the case before them.

A SUCCESSFUL issue seems to be approaching for the exertions which we have made now for some years to arouse the attention of the medical and pharmaceutical professions and the public to the necessity of adopting some general means of preventing the constantly recurring domestic calamities from accidental poisoning. Until we collected the scattered records of the sad tragedies which had been enacted during only a few years by neglect of precautions, few were aware, nor could any have imagined, how frequent a cause of death was accidental error in dispensing or administering potent medicines. It might have been anticipated that the repeated comments which we have made on this fertile source of preventable fatal catastrophes would have sufficed to move those concerned to frame some general precautionary measures. But the inertia of large masses is so great that we are well pleased to find the general body leavened with the convictions which we have desired to enforce, although the process has been slow. A step in advance has been made, which we may fairly characterize as one of considerable importance, at the first meeting of the newly established Pharmaceutical Conference held at Bath last week. It was last year resolved that at each succeeding anniversary such a conference of pharmaceutists should be held at the time and place of meeting of the British Association. The meeting this year was interesting and successful, and a committee appointed previously to consider the subject of the prevention of accidental poisoning presented a very valuable report, from which we hope much.

Since we first agitated this question great progress has been made; and although, when the discussion first arose upon it at the Pharmaceutical Society, a gentleman intimately connected with a leading establishment in London ridiculed mechanical precautions, we are glad to perceive that the report starts from the utility of such precautions—for which we have had long to argue—as from an established basis. Henceforth the goal of the past is here also the starting-post of the future.

Of twenty-five cases of accidental poisoning with medicinal substances recorded in public journals during the last two years, and collected by this committee, they note that in seventeen there is every reason to believe that a thoroughly effective poison-bottle would have prevented the accident; while in three other cases, had the drug-poison sold been wrapped in dark paper and labeled as suggested, the calamity most likely would not have occurred. Thus, in the face of these facts, it appears that eighty per cent. of these deaths were preventable by simple precautionary measures.

The committee hereupon proceed to submit certain recommendations based upon the numerous suggestions which have been made to them. These recommendations include all the measures which we have so often advised, and we concur in the hope expressed that they may have a practical result. We will summarize them here.

The committee endorses our recommendation of a *repertorium taxicorum* or poison-cupboard, under lock and key, in which should be kept all the concentrated and virulent poisons, or a small bottle of each sufficient for present use, the bottles being filled from store bottles in another and larger store cupboard or room, as required. They also recommend that the labels upon all shop and store bottles be in future so placed or shaped that the whole of the label can be seen at a glance, instead of curling round the bottles in the usual way; and they approve the suggestion that, wherever practicable, every prescription be checked by a second person before it is sent out. They also strongly recommend that liniments, lotions, and poisonous preparations of all kinds, be invariably dispensed in the caution bottles before adverted to, and with labels printed in red ink. In the retailing of poisons, they recommend very cordially the suggestion that the more concentrated and potent poisons, such as strychnia, morphia, prussic acid, &c., should not be sold in an unmixed state, without a medical order, under any circumstances whatever; also that no poison be sold in a dangerous quantity by any assistant or apprentice, without the express sanction of the principal; again, that every specially dangerous substance, in addition to its name, be distinctly labeled "Poison," in white letters on a black ground, before it is sent out, excepting medicines dispensed from a prescription where the dose or use of it may be considered sufficient.

Lastly, they strongly recommend that dry poisons, such as oxalic acid, sugar of lead, red and white precipitate, &c., be invariably folded in paper of a distinctive character; and, in addition to the name of the article, that a label with the word "Poison," in bold white letters on a black ground, be carefully attached to each packet.

The committee conclude their report by expressing their firm conviction that no amount of ingenious contrivance or of education will avail to prevent repetitions of the sad occurrences that have been brought before them without the cultivation of a steady, thoughtful, anxious, yet composed mind, bent on business when in business, and alive to the dangers and responsibilities incident to the retailing and dispensing of medicines. They state that they have endeavoured to trace the principal causes of accident, and are bound to confess that in many instances they can only ascribe them to gross and culpable neglect. They finally urge upon their brethren the necessity on their part of a careful surveillance by responsible parties, a thorough revision of their mode of conducting business in all its details, and the discouragement of long and late hours of business, so detrimental to the energies of mind and body of their assistants and apprentices; for, however conscientious they may be in the discharge of duty, it must be remembered that they lack the wholesome stimulus to continuous exertion which arises out of a consciousness of proprietorship.

IN concluding our remarks upon "Hospital Nursing" (THE LANCET, Sept. 10th, p. 299), it may be observed that the lady manager of the system in vogue at St. Thomas's Hospital has not had sufficient evidence to justify her supposing *ladies* to be well adapted for hospital *nurses*. Nevertheless, such ladies as possess the gift (for it is a gift) of organization and arrangement will, in our large metropolitan establishments, be found, in her opinion, valuable assistants either as superintendents, sisters or head nurses, and, in provincial hospitals, as matrons. To be of real use as *nurses* in sick wards, ladies must first qualify themselves for the work, and this can only be done by training for it. A year of practical experience in some large, well-conducted institution is very properly regarded by the lady manager at St. Thomas's as an inestimable, as well as an indispensable, preliminary. The best nurses, in her opinion, are to be obtained from amongst the women of the respectable classes, who have had the benefit of a fair education, and who have been accustomed to the performance of household duties. The fact is, that in our search for the "raw material" we must go neither too high nor too low in the scale, or we shall be disappointed.

Miss NIGHTINGALE would seem to infer that if the duties of an entire establishment be administered by hospital nuns, whether Catholic or Protestant, there will be lower average care of the sick, as "the idea of the religious order" is always more or less to prepare the sick for death.

In alluding to this point, Dr. MAPOTHER, the recently appointed Professor of Hygiene and Medical Officer of Health for the city of Dublin, states, in his course of lectures on Public Health: "This opinion I cannot support, for I, in common with all other medical officers of hospitals under the care of religious orders in this city, have certainly never had to complain of want of anxiety for, or of attention to, mundane matters on the part of these sisters." Dr. MAPOTHER is of opinion that if sisters of charity be found useful in our London hospitals, they will be required in even a greater degree for the poor, uneducated, uncared-for inmates of the Dublin establishments; and, he observes, "there can be no doubt whatever that many of our devoted fellow-countrywomen would readily apply themselves to the beneficent task. And, besides the care of the sick, another field of usefulness would be opened—namely, the training of nurses for the rich and for the poor, which is now unattended to, save in the case of those who succour mothers in their hour of trial."

To all of the higher classes who think of devoting themselves to the truly noble and Samaritan duty we are discussing, we would offer the following observations of Dr. MARTYN (*op. cit.*) for their most careful consideration:—

"To some who have rashly undertaken the serious work of learning to tend a sick bed, there must often have come a bitter disappointment: the sacred duties will have appeared trivial, the monotony intolerable, or the peevishness of disease have been mistaken for ingratitude. But, like other occupations, sick-nursing is a divine vocation, and as such only it must be regarded if it is to be crowned with success."

It now only remains for us to add the conclusions arrived at by the Committee of the Norfolk and Norwich Hospital after their tour of inspection and inquiry of six of the London institutions. They first state the decided opinion that no hospital can have a really efficient system of nursing without it comprises the three gradations which prevail in every one of the hospitals which the inspectors visited—viz., 1st, the constant superintendence at all hours in the wards of a superior class of persons, if possible serving gratuitously; 2ndly, properly trained nurses under such superintendence; 3rdly, the employment of charwomen as scrubbers for a certain number of hours every day.

The reporters recommend therefore—1st, that the governors of their own institution should, whenever the post of a nurse becomes vacant, engage a nurse from amongst the probationers trained at St. Thomas's Hospital at the expense of the Nightingale Fund, instead of advertising for one, as has hitherto been the custom; 2ndly, that on the appointment of every properly trained nurse, a charwoman should be engaged at weekly wages to do during certain hours of the morning all the menial offices of the wards, such as scrubbing the floors, &c., under the direction of the trained nurse; 3rdly, that whenever this change has been so far effected as to comprise the wards on either side of the hospital, the governors should then, if not sooner, take into their consideration the advisability of separating the whole of the nursing from the general management of the hospital, as is done at King's College and University College Hospitals, and placing it entirely under the management and superintendence of a lady associated with others, *without salary*, who shall act in obedience to the medical officers of the institution, and be responsible to the governors for the efficient carrying out of all the nursing required in the hospital. They advise also that a distinct room be provided for every new nurse, and that the system of night-nursing be subjected to considerable improvement. Amongst other points touched upon by the reporters is that of ventilation. This they most sensibly represent ought to be placed entirely beyond the control of the patients. They likewise recommend that a common room be provided for convalescents, one on each side of the building, as tending greatly to the quiet and comfort of those

confined to their beds. Finally, they suggest that one ward be selected as soon as possible to be formed into a "model ward," into which shall be introduced all the recent improvements which specially attracted their attention whilst on their tour in London. We need scarcely say how well the Norfolk and Norwich Hospital is disposed to maintain the good repute of which it has so long been possessed.

Medical Annotations.

"Ne quid nimis."

CLINICAL TEACHING.

THE remarks which we last week made upon the subject of clinical teaching have elicited a valuable and characteristically lucid communication from Mr. Syme. The main object we had in view was to assert the importance of making the instruction truly clinical, and preventing it from degenerating into systematic "talkee talkee" to meet the requirements of the colleges. Herein Mr. Syme evidently accords with our view. The question is then, How shall that object be best attained? Mr. Syme has the reputation, nobly earned, of being one of the best clinical teachers, as he is one of the greatest practical surgeons, in Europe. We pointed out the disadvantages of setting down a large class in a theatre and talking to them for an hour about cases which a large number of them have not practically studied, and without the cases being under their eyes. The unwieldy size of a great class is a difficulty in teaching them clinically to which Mr. Syme attaches great and we think just importance. We proposed, however, for general adoption the method pursued in various hospitals, of dividing the classes into manageable detachments, and placing them in the hands of a clinical teacher who at each visit indoctrinates successive members of the class, in the presence of all, in the method of investigating, diagnosing, and treating various maladies, at the bedside of the patient. Mr. Syme prefers to bring the mountain to Mahomet. This is, after all, excellent—especially where the mountain is easily movable. The difficulties of expounding the nature of the case in the presence of the patient are alike in either case. But, after all, the number of cases in which such an exposition is hurtful to the patient's feelings is not so large as to form a serious obstacle to efficient clinical teaching. It forms part, too, of the system of which we spoke last week, that "any remarks which ought not to be made in the patient's hearing should be made in an adjoining room." In dealing with medical cases especially, the transport of the patient to a lecture-room, which will hold a full class of students, is frequently a very difficult matter. And generally we apprehend that, admirable as are the clinical lectures of Mr. Syme, illustrated as they are in the manner which he describes, the adoption of a system of ward-teaching in detachments might be made to form an element in clinical instruction that would be both useful and valuable. Of course, in the remarks which we made we had no intention of applying them to the practice of one teacher or another, but to discuss the system generally. Mr. Syme is of all men best able to challenge remark upon his clinical teaching, which is of the highest order, and comes very near to the practice which we have it in mind to recommend. He will be able to decide whether, from the great number of his followers and pupils, he is bound to the particular plan which he pursues with such distinguished success; but in the greater number of cases, and where the weight of engagements and the size of the class are less oppressive, most teachers will, we think, admit that ward-teaching in detachments is the method of clinical instruction which is at once most useful and most neglected in our hospitals.

Our main object was to attract attention to the subject of hospital attendance and clinical instruction, which have not been so fully considered as they might have been during the recent debates on Medical Education in the General Council—a subject opportune to the time and season. Mr. Syme renders a public service in entering freely into the discussion; and if other teachers will state their method, and criticize our views as frankly and heartily, the result can hardly fail to tend to the general good. We have it less at heart to see any particular method adopted, whatever our own opinions may be, than to see some amendment and some general agreement on the practice of clinical teaching.

SIR CHARLES HASTINGS ON PUBLIC HEALTH.

THE catholicity of Sir Charles Hastings' Address on Public Health, before the Social Science Association, is much to be commended. Touching briefly on the nobility of sanitary science, he held that it was the "sacred mission" of the Association to impress that nobility, in the best and widest extent of the term, upon the body politic. He would teach this dignity, not by generalities seductive to the ear and the feelings, but by urging upon communities of men, and especially large towns, the practical adoption of the well-founded principles of the science. It is a matter for congratulation, he thinks, that the Council of the Association has adopted the eminently practical course of submitting to the members for discussion special questions affecting the public health. Adding only certain observations on public vaccination, he confined his observations to the three questions selected for the consideration of the Public Health Department at the present meeting—to wit: the best mode of disposing of the sewage of towns; the causes of, and the means of preventing, excessive mortality amongst infants; and the influence on health of the overcrowded dwellings of the working classes.

The gravity of each of these subjects was dwelt upon, and the last question was aptly illustrated from the sanitary history of Worcester. We could have wished that when Sir C. Hastings spoke of the "frightful prevalence" of infanticide he had suggested to the Association the propriety of taking some active steps to secure more definite information on the extent to which this crime exists amongst us. Let us confess to no little dissatisfaction with the easy-going fashion in which certain social reformers, abounding with superlatives, are crying out against this crime. To listen to them, England at the present moment is a pandemonium of infanticide. We decline to accept the belief upon the evidence that has hitherto been advanced. The reality as known is sufficiently distressing without conjuring up imaginary evils transcending beyond expression that reality. The question of excessive infantile mortality is not to be confounded with that of infanticide; nor is the huge proportion of deaths amongst infants coming under the cognizance of the coroner to be lightly attributed (as is too much the habit) to the prevalence of that crime. From the latest returns of Judicial Statistics we learn that the number of inquests held upon children under one year of age in 1863 was 3664. We also learn from the same source that the number of instances in which a verdict of wilful murder was returned was 166. That this figure represents accurately the amount of infanticide in England is not pretended, but it is to be presumed that it shows the entire number of cases in which the evidence of infanticide was made clear to a jury. To exaggerate the unknown at the expense of the known may be a natural, but it is not a very commendable way of dealing with a serious public question. We would have the returns of inquests upon infants dealt with in a more business-like manner. It would be well if the annual returns of inquests distinguished those cases where death had taken place under suspicious circumstances from those which had not. This might readily be arranged. A great step has been gained by the separation of inquests upon children under one year of age

from inquests upon children under seven years, and from the general mass of inquests; also by the returns of verdicts of wilful murder amongst infants. The Social Science Association might well and justly employ some of its great influence in securing fuller details of the verdicts of coroners' juries upon infants in the annual volume of Judicial Statistics. During the meeting at the Freemasons' Hall, to which Sir C. Hastings referred, Dr. Lankester made some remarks on the imperfection of our statistics of infanticide which merit the careful attention of the Association.

The sanitary history of Worcester, as that of any town which possesses a health-history, furnishes many facts confirmatory of the great principles of sanitary science. If in making this evident Sir C. Hastings was somewhat vague in his illustrations derived from particular fevers, and still vaguer in his references to an assumed modification of the "type" of disease, he did not fail to bring into clear light the great truths which he most sought to show—the decrease in prevalence and virulence of certain diseases in Worcester under a better sanitary government, and the soundness of sanitary science. He tripped, indeed, over the stumbling-blocks which caused his distinguished predecessor to fall into a slough of paradoxes. For instance, following Dr. Christison, he speaks of the declension and well-nigh disappearance of ague in Worcester and its vicinity towards the close of last century as "a change of type in disease." Dr. Christison, in his address, had shown that all mention of ague ceases in the dispensary records at Kelso after 1806. He averred that drainage had not been effected to any considerable extent in Roxburghshire until after the disappearance of ague from the district of Kelso. From this he argued, against the common conviction of sanitarians, that the disappearance was not owing to an improved drainage or cultivation of the soil. He attributed the cessation of the malady to a change in the type of disease. Sir C. Hastings deals differently with his facts. He shows that ague disappeared from Worcester and its vicinity about the same time that it disappeared from Kelso. But he further shows that the disappearance of the disease from the district of Worcester was contemporaneous with a considerable increase in the cultivation of the soil. "There was not," he says, "any such scientific drainage as is now practised with so much advantage to agriculture; but the mere effect of ploughing, of making water-courses and ditches, and the substitution of cereal crops for rank vegetation, must have had a great effect in removing water from the surface of the land, and in diminishing miasmatous exhalations. So that, as regards Worcestershire, the disappearance of ague seems to be accounted for by its being coincident with a very material diminution of the causes which are known to produce the disease."

Sir Charles Hastings differs also from his predecessor in his estimate of the future of sanitary science. Dr. Christison left his hearers in doubt whether hygiene could rightly pretend to rank as a science. Sir C. Hastings has no doubt either of the scientific status of public hygiene or of a glorious future which awaits it.

"Looking," he says, "at the great advances already made, and the many efforts that we see originated around us, we may have good hope for the future. The time will assuredly come when the laws of health will be generally known and obeyed throughout the community. None of us are likely to reach that day, but we may hasten its coming for a future generation; and even now we may see it, and rejoice. Already the average term of human life is increasing, year by year, in England and Wales, owing to better drainage, freer ventilation, a wider diffusion of the comforts of life, and greater moderation in the use of fermented liquors. Already the wisdom of John Wesley, that apostle of the last century, who said that cleanliness is next to godliness, has been practically accepted by the nation. Already the indissoluble connexion between physical and moral law is admitted by most thinking men. Nor is this kingdom the only part of her Majesty's dominions in which sanitary science is being studied and hygienic improvements carried out. Even in our Indian empire, where the condition of nearly two hundred millions of human beings has been too long a reproach to our rule, we can see the advent of a wise policy, destined to elevate a population ignorant and abject to the benefits of western civilization."

The operations of the Social Science Association constitute the best and truest earnest of the great future of sanitary science.

Sir Charles Hastings has filled the chair of his Section with great ability and characteristic urbanity. He is a thoroughly representative man; his distinguished labours in founding the British Medical Association can never be forgotten, and must always be highly appreciated. We congratulate him on the honour paid to him, and on the admirable manner in which he has filled the office of President.

CASES OF ACCIDENTAL POISONING BY MEDICINES.

Two years since we presented a list of some forty-five cases of accidental poisoning by medicines dispensed, administered, or swallowed in error, under circumstances which indicated that the adoption of mechanical precautions, appealing to the sense of touch in aid of the labeling which appeals only to the sight, would have prevented death.

The committee appointed by the Pharmaceutical Conference at Bath to take this subject into consideration, have issued a supplementary list of cases which have been published during the last two years. They are twenty-five in number, and occur in the following order:—

1. A tradesman being ill sent for his medical adviser, and received from him two bottles, one containing embrocation for external application, the other a draught to be taken internally. On the following morning the embrocation was given under the erroneous impression that it was the draught.

On examination, the housekeeper said *no* label was on the embrocation, neither did anyone apprise her it was poison. The medical man acknowledged that the bottle was not labeled "Poison," but submitted that it bore a label intimating that it was for external use only.

2. *Accidental Poisoning by Arsenic.*—In this case it is recorded that Mrs. C——, after assisting her son in the preparation of a sheep-dipping composition of arsenic and soap, made a pudding for the dinner of her family and servants, and that by some means not ascertained, some of the arsenic became mixed with the pudding. One man died; the rest of those who partook of the pudding recovered.

3. *Accidental Poisoning by Sulphate of Zinc.*—A man, aged fifty-two, took by mistake a wineglassful of a concentrated solution of sulphate of zinc, recommended to him by a veterinary surgeon for a lotion for a horse. Result fatal.

4. *Accidental Poisoning by Oxalic Acid.*—A man, aged fifty-eight, died from the effects of oxalic acid taken in mistake for Epsom salts. The wife of the deceased went to a chemist's shop for some salts and senna. On opening the packets she found both to be apparently the same. She took them back, but found the shop closed. On her return she dissolved the smaller packet of crystals in water, and handed the solution to her husband, who drank it, and died in consequence.

The packet was boldly labeled "Oxalic Acid, Poison;" but it appeared the woman could not read.

5. In this case, a solution of strychnia appears to have been dispensed by a surgeon or his assistant in mistake for a solution of emetic tartar. The bottles containing the two solutions were standing at no great distance from each other, but were unlike in almost every respect, except that they were both labeled "Poison," and both contained colourless fluids. All the ordinary precautions to prevent accident had been taken.

6. *Accidental Poisoning by Extract of Aconite.*—This was a clear case of error in dispensing by a chemist's assistant. Extract of aconite was put into pills in mistake for extract of wormwood, with a fatal result.

7. In this instance, a druggist sold croton oil for syrup of squills, with a fatal result. No particulars given.

8. A father gave to his child, two years of age, a teaspoonful of camphorated oil, in mistake for a mixture, "without looking at the label." The child died.

9. In this instance a wife administered to her husband oxalic acid in mistake for Epsom salts. Result fatal.

10. This is an instance of tartar emetic being sold for cream of tartar by a wholesale house. Several persons were made ill by it, but no fatal case occurred.

11. A boy, nine years of age, obtained access to a bottle of almond flavour, sold by a druggist to his mother for confectionery. The boy took, as he said, "just a taste," and died the following morning. The bottle was not labeled "Poison," nor was the woman even told it was poison.

12. In this case cream of tartar mixed with arsenic was sold to several persons by a druggist; but no fatal case occurred.

13. This is a sad case of laudanum being sold by a druggist in mistake for black draught. The victim was a lady twenty-eight years of age, a healthy woman. Her maid procured for her from a druggist a pill and draught. It appeared that the druggist's shop was being papered and painted, and was in a confused state. Through this circumstance the draught phial was filled with laudanum in mistake by the druggist himself.

14. This was an instance of Burnett's fluid, administered by mistake for fluid magnesia, with a fatal result.

15. A second fatal case from the same cause.

16. A solution of morphia was sent to a lady, for her own use, with directions how to take it; but it was not labeled "Poison." The nurse carelessly administered a portion to the infant, in mistake for dill-water, with a fatal result.

17. A case of accidental poisoning by chloroformic anodyne. The record simply states that the patient had given to her by mistake six drachms of the anodyne. The result was fatal.

18. A case of laudanum being sold by a druggist himself in mistake for tincture of rhubarb, with a fatal result.

19. A second case of the same, also with a fatal result. No attempt to account for or excuse the carelessness.

20. This is an instance of a man being poisoned fatally by taking saltpetre instead of Epsom salts, sold to him by a druggist in mistake.

21. This is the third recorded case in two years in which laudanum has been sold by a druggist in mistake for tincture of rhubarb, with a fatal result.

22. In this case two lads, aged fourteen and sixteen, were fatally poisoned by sheep-dipping powder containing arsenic. It was folded in brown paper, not labeled, and was mistaken for sulphur.

23. This case demonstrates the necessity of a legal restriction to prevent unqualified persons from dealing in poisons. A grocer's wife, in the absence of her husband, supplied an applicant with five grains of strychnia in mistake for calomel. The poor victim, a young woman twenty-seven years of age, expired in great agony in less than fifteen minutes after taking it.

24. In the same month is recorded a second case of poisoning by strychnia; and in this instance the mistake was made by a well-educated and experienced chemist's assistant in an old and well-regulated establishment. One witness said he considered the arrangements of the establishment to be exceedingly good, and he knew that elaborate pains were taken to have the prescriptions checked; but it was proved that the strychnia had been kept in a state of powder for the convenience of dispensing, and not in its crystalline form; and that the bottle containing the powdered strychnia was kept on the same shelf as the James's powder, for which it had been mistaken, and was separated from it by only one bottle. The strychnia bottle was labeled "Poison." The jury have since pronounced the assistant "Not Guilty" when tried for manslaughter, but heavy damages have been paid by the master (£2000).

25. In this last case, a surgeon's assistant was making solution of morphia; he turned it into a measure, from which he began to filter it into a bottle; he retired from the surgery for a few minutes, during which time the surgeon came in, made up a mixture, and, thinking it water in the measure, used it as such, with a fatal result.

Now it will be evident, and the committee do not, we are glad to say, fail to point this out, that seventeen out of these cases might have been prevented by the use of proper precautionary bottles, and three by using dark-coloured and labeled papers for the poisonous powders. Thus eighty per cent. of these accidents were of a kind easily preventable. The profession and the public should insist on these precautions being taken. The practice of several large dispensing houses in London proves that they are capable of easy adoption.

BANTINGISM.

AMONGST the various discussions which have taken place with regard to the treatment for corpulence, which is at present so much in vogue, there is none, so far as we have observed, which deals thoroughly with the established facts. On the one side we have the statement, supported by very numerous observations, that the scheme of diet recommended by Mr. Banting actually does effect a very remarkable reduction of corpulence in the great majority of instances; on the other hand, we hear serious remonstrances from influential quarters on the occasional ill effects of the application of this mode of treatment. A recent communication from Mr. Banting calls attention to a fact which appears to us of great importance. That gentleman has observed, on three several occasions, that the consumption of no more than five ounces of loaf sugar, spread over the diet of *a week*, has sufficed to increase his bodily weight by more than a pound—an increase which must certainly be attributed to the deposition of fat; and although we may not be prepared to assent immediately to the deduction that "sugar and saccharine matters are the main causes of undue corpulence," we think that the verification of this observation, if on repeated trials it can be effected, would be an important step towards the removal of serious practical difficulties. It has always appeared to ourselves that the main objection to dietary schemes for the reduction of corpulence lay in their demand for the stringent excision of fatty matters from the food, a measure against which there are two important objections. In the first place it is a well-ascertained fact that the admixture of a moderate quantity of fat greatly increases the facility with which nitrogenous materials are assimilated. And secondly, modern observation has rendered it certain that a deficient ingestion of fatty matters impairs the nutrition of the nervous system, and is the cause of numerous evils by producing nervous debility. If the sugary and starchy elements of food be really the chief cause of undue corpulence, it appears to us that their partial omission from the daily food would not only be desirable for its direct effect in reducing corpulence, but would also be free from the most serious objections which beset the omission of the oleaginous element. For our own part we are hardly prepared to believe that the small amount of oily matter which enters into the ordinary diet of Englishmen can be safely reduced to any considerable extent, holding, as we do, that Prout was right in his estimate of the enormous importance of this ingredient of human food. We should like to see a fair trial given to a diet in which reduction of fluids, and of starchy and sugary matters, and general moderation as to *quantity*, should be fairly carried out, without any remarkable asceticism in the matter of fat. It may be that by these means we should reap all the benefits of the system which has somewhat ludicrously been attributed to Mr. Banting (not by his own fault), while the complaints of its occasional unfortunate influence in producing sudden prostration of strength, excessive formation of uric acid, &c., would cease. We need scarcely say, however, that the question as to

the propriety of any considerable change in the diet is one which must still be left to the judgment of the medical adviser in any particular case, and that the present rage of the public for playing tricks with themselves ought to be seriously discouraged, especially as the majority of those who would be tempted to try Bantingism are at a time of life when damages are not easily repaired.

A DYSPEPTIC REPUBLIC.

BRILLAT-SAVARIN maintains (if our memory be not at fault) that the civilization of a nation is dependent on its habits of feeding. The ingenious special correspondent of the *Daily Telegraph* offers a highly suggestive commentary on this profound dictum. He traces the whole of the evils which have fallen upon our Transatlantic cousins to dyspepsia occasioned by an unholy appetite for *pie!* He laughs at an inflated currency, at Swanton coals at fourteen dollars a ton, and tea at twenty-five cents an ounce; at measuring worms and 4th of July fireworks, municipal jobs, and railway monopolies. These are not the evils which are crushing the United States. The real social curse, he maintains, is pie—pie, "the viand which is fraught with headache, heartburn, anxiety, dread, plethora, swimming in the head, fulness after meals, noises in the ears, motes or webs before the eyes, trembling, pains in the joints, and all other symptoms of the digestive organs so eloquently enumerated in the advertisements of Drake's Plantation Bitters." Wherever the visitor turns in the United States, whether in the crowded city, the solitary roadside station, or the back-settlements, he is confronted by pie! "There it is, pumpkin-pie, blackberry-pie, pie of all kinds; but always of the same grinning, splay shape, and with a foundation of flabby, indigestible crust." Mr. Anthony Trollope erred to some extent when he asserted that the little children in the States were fed on pickles. Pickles form their food only during the short time when no fresh berries can be obtained. At other times they are raised on pie. Amongst the crowded populations of the North and East, where the occupations of men, women, and children are sedentary, the appetite for pie works untold woes. "There the pie-fiend reigns supreme; there he sits heavy on the diaphragms and in the souls of his votaries. The sallow faces, the shrunken forms, the sunken eyes, the morose looks, the tetchy temperament of the Northerners are attributable not half so much to iced water, candies, tough beef-steaks, tight-lacing, and tobacco-chewing, as to unbridled indulgence in pie. New England can count the greatest number of votaries; but pie-worship is prevalent all over the North. In the State of Massachusetts, for instance, you have pork and beans every Sunday; but you have pie morning, noon, and night every day all the year round."

The gross-feeding and unwholesome look of the teetotaller in England is to be ascribed to a ghoul-like craving for heavy meat teas, greasy muffins, sally-lunns, and hot suppers; but in the United States to an overweening addictedness to pie. American ministers of the gospel gorge on pie "till the *odium theologicum* rises in their throats, and they must curse their brethren or choke. Full of pride and pie, they wax bloated, and kick at their apostolic mission. Plethoric with pie, they bellow forth denunciations from their pulpits and roar for blood. There is nothing open and above-board in pie. It can be eaten stealthily and in secret. A slice of a cut pie is never missed. I have heard of young ladies who took pie to bed with them." Orators are not referred to, but it may be surmised that the most celebrated living American speech-maker and lecturer was cultivated on pie. Of this popular orator a lukewarm admirer recently said—"It isn't what he says, but the way in which he says it, that takes away your breath. He'd tickle a tortoise into good manners, I guess. He doesn't worry a man by giving him too much to think about, and yet somehow or other he never sits down without *having made you wish to put a bullet into somebody.*"

The Confessions of a Pie-Eater have lately been published. They are heartrending. All the miseries of infancy, childhood, youth, and manhood, arose from an ungovernable lust for pie. "Pie darkened his mind, stupefied his faculties, paralysed his energy. Pie forced him to abandon a lucrative and honourable career for an unsuccessful whaling voyage to Cape Cod. Pie drove him into exile." Pie deadened all the finer moral feelings, and ultimately drove him into the lowest depths of degradation. Beggared in pocket, broken in health, he deserted his wife and family, tried his fortune with unscrupulous politicians, sank lower and lower in the slough of vice, committed forgery, and was sent for ten years to the States prison. All owing to pie! "I tell the tale as it was told to me," says our contemporary's correspondent. "It may read very like a burlesque; but there is a substratum of sad truth in it. The late illustrious Abernethy had a presentiment of the ravages which pie was making on the American constitution when he rebuked his dyspeptic patient from beyond the sea with the gorging propensities of his countrymen. Mexico is said to owe her ruin to the game of *Monti;* and if Columbia does not abate her fearful craving for pie, the very direst future may be augured for her."

The present civil strife in America is to be looked upon as a hideous nightmare, produced by half-a-century's indulgence of an unhallowed appetite for pie: a nightmare which Mr. Tenniel has portrayed with terrific vigour in his recent cartoon, the American Juggernaut. Who does not shudder as the massive cannon, impelled by the Eumenides, rushes, in the darkening day, down the steep declivity, and crushes beneath its huge wheels the vainly struggling hosts! Never was a nobler lesson more forcibly depicted by the artist's pencil.

THE VICTORIA CROSS.

THE intimation that the Victoria Cross has been nobly won by, and graciously conferred on, two of the medical officers of the army serving in New Zealand, cannot fail to be grateful to the profession at large. It is an eloquent commentary on the merits of the service, the devotion of the officers, and the risks which they fearlessly incur. The Medical Service of the Army labours under great wrong; it is grievously ill-treated, and profoundly discontented. But in the face of the world, its officers do their duty as brave Englishmen. The following is from the *Gazette* of Friday week:—

"The Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on the undermentioned officers of her Majesty's army, whose claims to the same have been submitted for her Majesty's approval, on account of acts of bravery performed by them in New Zealand, as stated against their names—viz.:

"Assist.-Surgeon William George Nicholas Manley, Royal Artillery, for his conduct during the assault on the rebel pah near Tauranga, New Zealand, on the 29th of April last, in most nobly risking his own life, according to the testimony of Commodore Sir William Wiseman, C.B., in his endeavour to save that of the late Commander Hay, of the Royal Navy, and others. Having volunteered to accompany the storming party into the pah, he attended on that officer when he was carried away mortally wounded, and then volunteered to return in order to see if he could find any more wounded. It is stated that he was one of the last officers to leave the pah.

"Assist.-Surgeon William Temple and Lieutenant Arthur Frederick Pickard, Royal Artillery, for gallant conduct during the assault on the enemy's position in Rangiriri, in New Zealand, on the 20th of November last, in exposing their lives to imminent danger in crossing the entrance of the Maori keep, at a point upon which the enemy had concentrated their fire, with a view to render assistance to the wounded, and more especially to the late Captain Mercer, of the Royal Artillery. Lieutenant Pickard, it is stated, crossed and recrossed the parapet, to procure water for the wounded, when none of the men could be induced to perform this service, the space over which he traversed being exposed to a cross-fire; and testimony is borne to the calmness displayed by him and Assist.-Surgeon Temple under the trying circumstances in which they were placed."

PROSECUTIONS UNDER THE MEDICAL ACT.

DURING the past week there have been several prosecutions under the 40th Clause of the Medical Act. In none of these cases was a conviction obtained. Even in the instance of a surgeon-chiropodist, in which Mr. Tyrwhitt last week convicted the defendant in a penalty of £20, the magistrate has since declined to confirm the penalty, though he believes the Act has been infringed. This is a sad state of things. In one of the cases during the week, "Dr. Scott," *alias* Henry Hamilton, of Henrietta-street, Cavendish-square, late of Adam-street, Adelphi, and of Leicester-square, was summoned for assuming the title of "Doctor." This case was dismissed with costs, because it was ruled by the magistrate that there was no proof of "Scott" having *practised as a physician*. The Act never contemplated punishment for practice, but for the false assumption of a title.

In another case a dentist was summoned who held a diploma; and in a third, Dr. Kahn was the intended defendant, but he was not "in this country."

The result of these cases shows how cautiously proceedings should be taken, and how little the Act is understood even by magistrates and legal advocates.

THE HEALTH OF THE ARMY.

THE volume of "Statistical, Sanitary, and Medical Reports" recently published by the Army Medical Department refers to the health of the army in 1862. The mass of important information which has been brought together in the present and in previous reports by Dr. T. Graham Balfour, Dr. Logan, and Dr. Mapleton, while admirably supplying the needs of the Government and the public, has also made the annual volume published by the Army Medical Department an invaluable year-book of military hygiene.

The health of the troops stationed in the United Kingdom in 1862, as compared with the two previous years, was very satisfactory. The constant sick-rate was lower, fewer men were admitted into hospital, and there was a diminution in the number of deaths. Miasmatic and venereal diseases were much less prevalent amongst the troops, and there was a decrease in the amount of illness from affections of the respiratory organs; but there was an increase in parasitic maladies and diseases of the integumentary system. The decrease of miasmatic complaints was most marked in respect to ophthalmia, diarrhœa, and continued fever. Primary syphilis, bubo, and swelled testicle showed the chief diminution amongst venereal affections. The reduction of the death-rate was caused mainly by a diminished mortality from miasmatic diseases and those of the respiratory system. The deaths from tubercular diseases were slightly in excess of the average.

The death-rate of the army at home, which in 1857 was 17·5 per 1000 strength per annum, was in 1862 only 8·72 in the same proportion of strength. The mortality of the cavalry, artillery, military train, and infantry regiments was under that of the civil population; that of the household cavalry was a little below the average of England and Wales generally; while in the foot guards and the depôts the proportion was above that of the civil population. The numbers serving in the household cavalry, military train, cavalry depôts, and coast brigade artillery are so small as to render the results liable to considerable fluctuation, and in all of these corps the mortality is kept under by invaliding.

Venereal diseases, although less prevalent, still held the most prominent place amongst the causes of inefficiency of the army in 1862, as in previous years. The admissions to the hospitals of venereal cases ranged between 285 per 1000 in the depôt battalions, and 377 in the seaport towns. The average admissions from this source in the whole force were 330 per 1000 of the strength, or 32 per 1000 under the average of the two preceding years. The improvement was most marked in the seaport towns, although it was also manifest in the dockyards and arsenals, camps, and depôt battalion stations. There was a very slight decrease in London and Windsor and the "remaining stations," and an increase in the manufacturing towns and Dublin. At stations where the strength of the troops exceeded 1000, there was an increase during the year in Colchester, Canterbury, Limerick, Edinburgh, and Dublin; and a decrease at the other stations, but more particularly at Devonport, Plymouth, Shorncliffe, Portsmouth, Cork, and Dover. The number constantly sick in hospital with venereal was 1739, or 22·24 per 1000 mean strength. The admissions into hospital for this class of maladies were, as already stated, 330 per 1000. From these data Dr. Balfour deduces the average duration of the cases to have been 24·61 days, and the total inefficiency from this source to have been equal to the loss of the services of every man in the home force for 8·12 days, *or the constant loss of upwards of two regiments for the whole year.*

Mr. Radcliffe directed attention a short time ago to the apparently remarkable prevalence of suicide in the army at home. The returns for 1862 confirm Mr. Radcliffe's observations. During that year 21 suicides occurred amongst a strength of 78,173 non-commissioned officers and men. The annual average of suicides in England amongst 100,000 males living at the military age (20—40) during the five years 1852–56, is estimated approximatively at 12·4. Calculated upon a similar ratio, the average of suicides in the army at home in 1862 was no less than 26·7—more than double that which occurs in civil life. The modes in which the 21 suicides in the army were effected are thus stated: By firearms, 14; cutting the throat, 3; hanging, 1; poison, 2; and by railroad, 1. The two deaths by poison were those of an hospital sergeant, who, while in a state of intoxication, took a large quantity of morphia; and of an assistant-steward of the Army Hospital Corps, who accomplished his object by prussic acid. The suicide by railroad was that of a private of the 7th Regiment, who threw himself in front of a train near Deal, and was killed instantaneously. The preponderance of suicide by firearms in the army curiously illustrates the manner in which the method of self-destruction is governed by the facility of access to or familiarity with certain means of death. Amongst the civil population of England hanging is the commonest mode of committing suicide, and gunshot wounds come fifth in order of frequency. In France, drowning is most common, and gunshot wounds hold the third place in favour amongst suicides. In Geneva and Sardinia firearms are chiefly used in self murder.

The returns of sickness and mortality from foreign stations showed a more favourable condition of health in the majority of instances amongst the troops serving abroad. In Gibraltar, Malta, the Ionian Isles (now transferred to Greece), Jamaica, St. Helena, the Cape of Good Hope, Ceylon, New Zealand, and South China, both the admissions to hospital and the mortality were less than in the two previous years. In Bermuda, Nova Scotia and New Brunswick, Canada, the Bahamas, Western Africa, and Shanghai, while there was a greater amount of sickness there was a diminished number of deaths. In Newfoundland, the Mauritius, Australia, and Tasmania, the amount of sickness was less than in the two preceding years, but the mortality was in excess. Finally, in the Windward and Leeward Islands and at Tientsin and Taku alone were both the sickness and mortality increased. The force in Newfoundland consisted chiefly of old men not of very temperate habits. The excess of mortality in the Mauritius and at Tientsin and Taku was due to epidemic cholera; in Australia and Tasmania to tubercular diseases; and in the Windward and Leeward command to an outbreak of yellow fever and greater prevalence of paroxysmal fevers.

The returns for India show a decrease of admissions into hospital in all the Presidencies, but most marked in Bengal.

The mortality in Bengal in 1862 was one-third below the average of the two preceding years; in Bombay it also underwent a reduction; but in Madras it was very slightly above the average. Spasmodic cholera was the disease in which the reduction of mortality in Bengal chiefly took place, the deaths from this cause in 1862 having amounted to only one-third of the proportion in 1861, and one-half of the average of the two years 1860-61.

The prevalence of ophthalmia at some of the foreign stations is deserving of special notice. One-seventh of the admissions to hospital in Malta were due to this cause. The great prevalence of the disease was confined to two regiments, the 2nd battalions of the 15th and 23rd, in the former of which there were 278, and in the latter 162 cases, both numbers being in excess of the amount in 1861. The 2nd battalion 3rd regiment, which in that year had suffered considerably from this disease, had only 22 admissions up to the date of its embarkation for Gibraltar in June. The principal medical officer, in his report, observes that "the primary exciting cause of this complaint is still involved in considerable obscurity; but that imperfect ventilation, combined with deficiency in washing and bath-rooms, and neglect of proper supervision over the men when performing their ablutions, are most fruitful sources of the malady, and that, once established, it spreads by contagion, experience has now fully proved." Part of the infected regiments were camped out at night, and the men who suffered were sent to Gozo and to the sanitarium at Citta Vecchia; but the result of these measures is not yet known. Ophthalmia was the chief source of admissions to hospital in the 70th regiment serving in New Zealand. The following interesting account of the probable origin of the complaint is from the Report of Dr. Meikleham, the surgeon to the regiment:—

"With regard to the special causes for the prevalence of ophthalmia in the regiment, they are various. There are three very noticeable defects about the camp and huts at Otahuhu, which have, I believe, been mainly instrumental in the production of this disease: these are bad drainage, too small an amount of cubic space per man in the huts, and an imperfect plan of ventilation. The huts have been already described as being far too close together, and their floors—the bare earth—are either on a level with the surface of the ground, or below it, in no instance above it, and except in a few huts roof ventilation is wanting; the drainage is all open, and either evaporates or soaks into the soil forming the floors of the huts. It is a remarkable fact in the disease, as it has appeared, that nearly one-third of the men who have suffered from it belong to the band and drums. The huts they originally occupied are the worst in the whole lines. The ground here, which is slightly elevated, has been so much cut away that the men have to descend a step or two on entering, and the tops of the side walls which support the roofs are barely on a level with the surrounding surface. The occupants of these huts live literally under ground, and the amount of drainage and surface water that soaks into them is such as to convert their floors in very wet weather into a perfect puddle. When, in addition to this, it is remembered that they furnish no duty men, that their instruments and the cases for them are kept in their huts, the cubic area per man being thereby very materially diminished, it is no wonder the band should in so marked a manner have been the subjects of ophthalmia. A suggestion was consequently made that these men should be moved out of their huts, and be encamped under canvas on the banks of the small tidal river Tamaki, that runs along the border of the camp, and that their huts should be whitewashed. This plan was carried out, and acted very beneficially in arresting the complaint.

"In order to mark more strongly the influence that the causes above mentioned—namely, the original faulty plan and construction of the camp and huts—have had in the production of this disease, I may state that while the regiment was employed upon the roads, from January till May inclusive, the number of men admitted into hospital for ophthalmia was only 18, and during this period the average strength was 610 men. The subsequent seven months were spent by the head-quarters of the regiment, whose strength then only averaged 482, in the huts at Otahuhu, and in this period 62 cases of ophthalmia occurred amongst them. By calculating the admission per 1000 of mean strength, we should have 29¼ during the time on the roads, and 128 while in the huts.

"In giving this slight sketch of the origin of the disease, it must be remembered how difficult it is to trace indisputably, in all cases, cause and effect. Circumstances have, however, I think, been adduced which, if not acting as special causes of the ophthalmia in the regiment, have at all events induced a state of the system highly favourable to its development."

The principal medical officer states that as soon as the influence of the defective sanitary state of the huts was clearly manifest, the men were placed under canvas, and the buildings in question will not be again occupied.

The reports of the sanitary and medical branches of the medical department abound with interesting matter and valuable monographs. The profusion and variety of details in these reports defy any attempts at analysis within a brief space. Dr. Logan appends to his elaborate Report on the Sanitary Condition of Home and Foreign Stations the following special contributions:—A Review of the Progress of Hygiene, by Professor Parkes; a paper on the Value of Taste as a Measure of Quantity in Solutions of different Alkaline and Earthy Salts in Drinking Water, by Staff Assistant-Surgeon Dr. J. S. B. F. de Chaumont; a brief record of the Arrangements at Halifax for the Landing of the Expeditionary Force from England, and for its Overland Transit to Canada, by Deputy Inspector-General of Hospitals J. D. Macllree; a Report of the Transit of the Troops from Nova Scotia to Canada, by Inspector-General of Hospitals Dr. Muir, C.B.; a Report on the Epidemic Visitation of Cholera in the 93rd Sutherlandshire Highlanders in 1862, by Dr. Munro; and a Medico-Topographical Report on the Station of Lagos, by Staff Assistant-Surgeon Rowe. The Report of Dr. Mapleton includes—Remarks on Diseases of Invalids from Tropical Climates, by Professor Maclean, and a series of extracts from Dr. Maclean's Annual Report for 1861; also, a Summary, by Professor Longmore, of Gunshot Wounds inflicted during the Mutiny in India; a paper on the Treatment of Thoracic and Abdominal Aneurisms, by Joliffe Tufnell, F.R.C.S.I., Surgeon to the Dublin District Military Prison; a paper on the Direct Volumetric Determination of Uric Acid, by Dr. de Chaumont; Extracts from the Annual Report and Return of Sick treated in the Lunatic Hospital, Fort Pitt, by Staff Surgeon Dr. Luke Barron; a case of Gunshot Wound of Liver, and a further history of a case of Complete Transfixion of the Abdomen with a Bayonet, by Professor Longmore; Reports of Medical and Surgical Cases, by Assistant-Surgeon Alfred Lewer, Surgeon M. F. Manifold, Assistant-Surgeon D. C. McFall, Dr. W. Munro, Assistant-Surgeon A. K. Drysdale, Surgeon-Majors J. B. St. Croix Crosse and Dr. E. H. Blake, Assistant-Surgeons J. Munday and Dr. G. M'Gill, and Staff Assistant-Surgeon Dr. W. N. Thursfield. The Report also includes a highly important series of observations on the Examination and on the Physical Disabilities of Recruits, by Staff Surgeon Thomas Crawford, M.D., of the Army Medical Department.

Correspondence.

"Audi alteram partem."

CLINICAL TEACHING.

To the Editor of THE LANCET.

SIR,—Feeling deeply interested in the due appreciation of clinical teaching, and fearing that the sentiments expressed in your leading article of Saturday last may tend to undervalue this department of instruction, I beg you will permit me to offer some observations on the subject.

In common with many respected authorities, you regard "bedside remarks" as the most valuable means of hospital study, and say that clinical lectures are apt to become sys-

tematic in their character. But, in the first place, permit me to ask, how many students could be instructed at one time round the patient's bed? or if there could be more than six or eight? so that if, as in my case, a couple of hundred should require to be taught, how the plan would be practicable? Besides, let me suggest the impropriety of freely discussing the case, with its prospects of recovery and process of treatment, in a patient's hearing. It is true that the explanation might, as I have heard in continental hospitals, be given in Latin; but I fear that, whether in London or in Edinburgh, the information communicated through this medium, however excellent in quality, would be rather deficient in quantity.

The plan, therefore, which I introduced into the Edinburgh school thirty-five years ago, and still pursue, appears to me much preferable, and worthy of general adoption. This is, to bring the cases, one by one, into a room where the students are comfortably seated, and if the patients have not been seen previously by the surgeon so much the better; then ascertain the seat and nature of their complaints, and point out the distinctive characters. Having done this, so that everyone present knows distinctly the case under consideration, the teacher, either in the presence or absence of the patient, according to circumstances, proceeds to explain the principles of treatment, with his reasons for choosing the method preferred, and, lastly, does what is requisite in the presence of his pupils.

The great advantage of this system is that it makes an impression at the same time on the eye and ear, which is known from experience to be more indelible than any other, and thus conveys instruction of the most lasting character. Every season I have from a dozen to twenty of my old pupils, who, having been employed for many years in the public service, and not unfrequently attained the highest rank, yet attend the whole course without missing a lecture, and often bring to my recollection cases seen or remarks heard long before the bulk of the class were born. I may add that the Edinburgh College of Surgeons in their curriculum of study have wisely taken a second course of clinical surgery instead of a second systematic course at option of the student; so that, instead of hearing the same story told over again, not always in the most lively manner, he may read his book and store his mind with valuable facts for future guidance and practice. This testimony to the value of lectures on clinical surgery by a body so distinguished for its zeal in the improvement of medical education will, I hope, induce you to reconsider the propriety of altogether condemning the system of instruction which I have so long pursued and found so acceptable.

I am, Sir, yours &c.,

Edinburgh, Sept. 20th, 1864. JAMES SYME.

OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—In directing professional attention to certain important considerations bearing on the operation of ovariotomy (*vide* THE LANCET of August 6th), I especially avoided anything which could be construed into personal allusion; my chief purpose being to fairly represent the special characters and risks of ovariotomy as distinguished from other surgical operations.

Referring to this communication, Dr. Savage wrote to you a letter containing much that was undoubtedly personal, more that was of doubtful accuracy. I pointed out some of the inaccuracies in my letter in THE LANCET of the 3rd September—deeming it injurious to the cause of science that statements so boldly and pretentiously made should remain unrefuted, since the chances of life of many patients suffering from ovarian disease may depend on scrupulous impartiality and accuracy in discussing those points of the operation which are still *sub judice*.

That I had to question the accuracy of certain statements made by Dr. Savage has excited his anger against me, but it appears to be far less vehement than that aroused by the significant silence with which Mr. Wells has passed him by. "Irrita vaniloquæ quis curat spicula linguæ." I scarcely mentioned Mr. Wells in my previous letters, nor did I in any way presume to "assume the championship" of that gentleman, as is audaciously asserted in Dr. Savage's letter.

It is of Dr. Savage's own choice that he claims consideration on account of certain ovarian investigations and inquiries in which he announces that he has been engaged. Of the results of these very little is known, and that little is confusing because of the curious impartiality with which opposite views are adopted, at different times, and under different circumstances.

Thus I find Dr. Savage stating, when ovariotomy was under discussion at the Medico-Chirurgical Society, that, "from his own observation, he could not help thinking that very much depended not so much on the skill as on the experience of the operator."

In THE LANCET of August 20th, when writing about the death-rate in ovariotomy, he asks, "Can any diminution be expected when the chief dangers of the operation depend so little upon the operator?"

In the same letter he writes that ovariotomy "is, beyond comparison, less difficult than any" of the capital operations, and pointedly refers to its simplicity.

In presence of the Society he stated that "he could not agree in considering the extirpation of the diseased ovary a simple operation—quite the contrary. It seemed to him that there was no operation which could present a greater source of embarrassment, or required more presence of mind, readiness in resource, and the other best qualities of the surgeon."

The straining of quotations and opinions so as to make them appear to support whatever views may be temporarily in favour is neither fair to an author nor conducive to the attainment of truth. It is a very tempting process, but is open to certain objections which writers usually respect.

When Mr. Baker Brown said that ovariotomy was "one of the simplest operations in surgery," he certainly represented to the full the opinion he intended to express; yet Dr. Savage credits him with saying in so many words, it is *par excellence* "the simplest in surgery." Dr. Hewitt is quoted in the same loose way. Dr. Savage extracts from Dr. West's book a long array of figures to prove his previous statement that Dr. West had asserted the death-rate in ovariotomy not to be diminishing. The quotation is closed at a sentence which would convey the impression that the author really held the mortality to be on the increase. Now the next succeeding line in Dr. West's book runs thus: "I do not for a moment believe this to be the case, but I refer to this apparent result as a proof that the fatality of the operation has not greatly diminished."

Still more unfair to Dr. West is the opinion quoted as being from his last edition (and which Dr. Savage is obliging enough to declare he can prove every word of), that "the diagnostic difficulty does not seem as yet to have been diminished by all the attention that has been bestowed upon it." It is not considered necessary to mention that Dr. West expressly states this to have been formerly his opinion, details explicitly his reasons for modifying it, and gives his actual views in these words: "The great advance which has been made appears in the certainty of diagnosis that has now been attained."

The personalities with which Dr. Savage assails me, and the assertions and inuendoes against the fair fame of his and my surgical colleague, are, I suspect, only intended to distract attention from those sentences in his previous letter which he is now content to ignore without explanation.

But this must not be. The statements were voluntarily made; and unless they can all be substantiated it would be a waste of time and space to discuss the accuracy of any new interpolations, nor shall I reply to them.

The credit of Dr. Savage in his assumed office of ovarian inquirer, or that of the gentlemen who have operated in his presence, is at stake. I quote the words he has used. It will be seen they are of such kind that sufficiency of evidence cannot be supplied by self-sufficiency. He owes it to the profession either to authenticate them, especially those I have marked in italics, or to offer some apology to the gentlemen whose reputation is assailed.

He says: "I have twice seen the hand of the operator *violently engaged for several minutes* in the sheath of the rectus muscle. I have *often* seen the peritoneum mistaken for the outer wall of the cyst. In short, I have again and again witnessed the most signal mistakes, but never once could fairly attribute to them (excepting some to be mentioned presently) the fatal issue.....The fatal mistakes of the operator, *those which make him guilty of the death of the patient*, are: leaving important vessels unsecured; tearing any of the abdominal viscera inadvertently or *in coarse haste* to get through adhesions, uniting so badly the external wound that it opens and *lets out the intestines*; treating the gravid uterus as if it were an ovarian cyst; leaving blood or escaped fluids (even *instruments*, sponges, &c.) in the cavity of the abdomen, as is so likely to happen when the operation is hurried to a close, the *intestines shovelled back*, and the external wound badly adjusted."

So far as concerns the assertion that leaving escaped fluids in the cavity makes the operator guilty of a patient's death, I append a significant sentence from Mr. Brown's recent lecture. He says: "With regard to simple fluid escaping from the cyst, unless it be of a purulent or acrid nature, I do not lay great stress on getting it all out." Now, Mr. Brown has operated many times, his success has been great, and the value of his opinion is generally acknowledged. I cannot find it recorded that Dr. Savage ever succeeded in completing ovariotomy.

It is related that a certain somewhat pretentious professor, who had never seen a battle, once undertook to lecture before Hannibal on the art of war. I think his name was Formio, but do not doubt that the majority of your readers will recollect the story, and what Hannibal said when his opinion was asked about it. I remain, Sir, your obedient servant,

HENRY G. WRIGHT, M.D., M.R.C.P.

Somerset-street, Portman-square, Sept. 21st, 1864.

*** Here this controversy must end.—ED. L.

MAGISTERIAL CONSTRUCTION OF THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—On Tuesday the Marylebone Police Court was crowded with medical gentlemen anxiously awaiting (as they concluded) the *certain* conviction of an old offender for filching another man's name and professional title "*cut and dried*." This person, known by the name of Hamilton, and carrying on his avocation in Henrietta-street, Cavendish-square, whence he issues (*in my name*) those polite invitations "*to ladies only*," made his appearance in answer to a summons under the 40th Section of the Medical Act. To the surprise of all present, however, the pseudo Dr. Scott gets off "*scot*-free," with the *Doctor* in the bargain, the case being dismissed on the ground "that his assumption of that title did not imply that he practised as a physician," notwithstanding it was prefixed to a vile pamphlet "On Female Obstructions," &c., and forms a prominent feature in those foul advertisements, published daily for the last few years in my name in certain penny papers, *in defiance of repeated request to the contrary*. However, it may be some satisfaction to know that, although the matter was thus disposed of for the present, a case was demanded and granted. So much for the *sham* Dr. Henry Scott.

Now let us see how it affects the real man, although I think the matter as deeply concerns the profession at large as myself. Can it be otherwise, Sir, than that the daily display of these productions in my name must do me serious professional injury, to say nothing of the continued annoyance of people addressing me on the subject? I could cite numerous instances to show that I have been taken, or rather mistaken, for this man. Scores of ignorant persons, and *not a few evil-minded ones*, have set it down for certain, that I am the author of these advertisements, or, at least, must have something to do with them otherwise the papers would not dare to insert them. That they have done so every man who "runs (or *rides*) and reads," will tell you; and what influence this has had upon my practice and prospects as a physician you may guess. The truth is well known that mine is a grievous case and a great hardship; in short, that I am a sad victim and a fine specimen of the shortcomings of the "Medical Act." What has it done for me? *Registered me and taken my money*. While the man whose name is *not* on the Register makes use of mine, *christian* and *surname*, together with my qualification. To show how well the thing succeeds, and that I am taken for the man in question, I may now mention a case or two in point:—

1. A letter from a solicitor in the City now lies before me, addressed to "Dr. Henry Scott," requesting the payment of three-quarters of a year's rent, due for some place I never saw. I need not add which Dr. this was for.

2. A patient came to consult me in a chronic case, for which they stated "that they should have seen me some nine months before had it not been for an unfortunate mistake"—namely, that a friend of theirs, upon hearing my name mentioned, took me for my advertising namesake. "What Dr. Scott?" was the query. "Dr. *Henry* Scott," was the reply. "The very man," replies their friend; "don't go to him." Nor did they till nine months after, when some medical friend undertook to diagnose the difference between me and my *double*.

3. A gentleman called me in to attend his wife, who had a brother a surgeon. No sooner was the name mentioned than up he jumps—"What Dr. Scott? Dr. *Henry* Scott!" This, the brother informed me, "*settled the business*." "Where does he live? Mind what you are about!" He went home, turned over the pages of the "Medical Directory," and then sent word "that I was *not the fellow he took me for*, but unfortunately the very man whose name was so shamefully made use of."

The common query of persons acquainted with the facts is, Does the law allow such a thing? Others wonder at the man's impudence, and amongst the *élite* of the profession, too, nothing daunted. No. We have heard of the age of *stone*, the age of *bronze*, and of the age of *iron*; but I think that when a fellow like this unblushingly makes use of another's name and qualification, and takes a house next door to the President of the College of Physicians to carry on the deception, we have arrived at the age of *brass*.

I am, Sir, your obedient servant,

Upper Woburn-place, Sept. 28th, 1864. HENRY SCOTT, M.D.

POSITION OF SURGEONS IN THE ARMY.

To the Editor of THE LANCET.

SIR,—The following is extracted from the *Court Journal* of Sept. 3rd. Are these statements authentic?

"A quarrel has been going on for some time past between the military authorities and the medical profession respecting the rank and position of surgeons in the army. A doctor of a certain number of years' standing is entitled, according to the regulations of the Horse Guards, to draw the pay and rations of a major. The doctor insisted that he should be not only paid as a major, but treated as one. The quarrel proceeded so far that young men would not for a time present themselves as surgeons, and matters were becoming serious. The Duke of Cambridge, however, remained firm; and it now appears that the surgeons have given way. At a late competitive examination more candidates presented themselves than there were vacancies to fill up, so that the quarrel may be considered to be at an end.

"Now that the usual relations are restored, Government may reform any grievances the doctors feel without the fear of having it said that they yielded to intimidation. For the sake of the army all classes will rejoice in the end of the struggle."

I am, Sir, your obedient servant,

September, 1864. PERCIVAL POTT.

THE PERSECUTION OF DR. GOSS.

To the Editor of THE LANCET.

SIR,—Having taken much pains to ascertain the real facts of the case that has brought Dr. Goss into a dilemma, and which must, unexplained, bring him, for a time at least, under the censure of the public, permit me to say that a more unjust and iniquitous proceeding never took place before a Coroner's Court.

Here are two medical practitioners holding a fair position in the neighbourhood, Drs. Llewellyn and Gervis, attending jointly a Mrs. Brazier, who lived fifteen days after delivery. I wish to direct your attention more particularly to this part of the story, which did not, of course, come out in evidence, the case having been stopped at trial. In a conversation which Dr. Gervis had with Dr. Braxton Hicks referring to two cases of arm presentation which had occurred a week previously in the practice of each, Dr. Gervis said, "Oh, my case," referring to Mrs. Brazier, "is going on capitally, and is nearly well." I speak this on authority. Yet, notwithstanding this comment, fifteen days after delivery and the above-mentioned conversation, we find Drs. Gervis and Llywellyn lending themselves to the excitement which the case had produced in the minds of the family of the deceased, and abstaining from giving the necessary certificate of the cause of death, thus throwing the matter into the hands of the Coroner's officer to deal with as against Dr. Goss, the former medical attendant, who had been by the bedside of the patient night and day. What further takes place? These two doctors, knowing there is an imputation, and a most serious one too, hanging over the head of Dr. Goss, make a post-mortem jointly by order of the Coroner, never giving him the slightest warning or asking him to be present either by himself or his friends; and but for the courtesy of the Coroner, who told Cook, the officer, he thought Dr. Goss ought in fairness to be told of the inquiry, Dr. Goss would never have been informed at all—then not by regular summons but by a dirty slip of paper thrust into his hands, he not even knowing of the death of Mrs. Brazier.

Under these circumstances how could he, all traces of the post-mortem appearances have been destroyed, defend himself? In the space of half an hour how could he collect himself together to respond to so grave an accusation? Taken away from the usual course of his daily practice, he had no legal adviser, had not even a friend to be surety for him in the room, and might have been hurried off to Newgate had not the Coroner consented to take bail in his own person.

One's heart burns to redress the grievance. No afterthought can do away with the stigma which has been cast upon his hitherto unblemished character as a gentleman and really skilful practitioner—a man superior to many in possessing the estimation of the highest members in the faculty.

If the medical gentlemen who were called in had had the courage and discreetness to say before the Coroner's jury what they were obliged to say before the judge at trial Dr. Goss could not have been placed in the position into which he had been forced by a prejudiced and unjust influence. I trust this case will not end here—that those who have aforethought brought Dr. Goss into trouble will lend themselves in every way towards unravelling the web which they have woven around him, like two spiders and one fly. Men must not be permitted to break through the proper rules of professional etiquette without they themselves feeling the effects of the injury which they have inflicted upon others. Trusting this very painful case will meet at your hands a thorough sifting to the exoneration of my worthy friend,

I remain, yours very truly,
ALFRED ELSWORTH, F.R.C.S.

Trinity-street, Southwark, Sept. 1864.

PANCREATIC EMULSION OF FAT.

To the Editor of THE LANCET.

SIR,—In answer to many inquiries relative to the "pancreatic emulsion" spoken of in my paper of Sept. 10th, will you kindly allow me to state, through your columns, that since the completion of my published experiments I have ceased to use the beef fat emulsion, having substituted for it a pancreatic emulsion of "lard oil," which is a much more convenient preparation, and when flavoured with essence of lemon is rather palatable than otherwise.

I am at liberty to say that Mr. Heathon, at Mr. Balmer's, Chemist, 94, St. John street-road, who has prepared the emulsions for me throughout, will be happy to prepare both the beef-fat and the lard-oil emulsions for anyone who wishes to try them; any further questions, therefore, relating to the pharmaceutical process would be better addressed to Mr. Heathon than to me.—I am, Sir, yours &c.,

Harley-street, Sept. 26th, 1864. HORACE DOBELL, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

M. CLAUDE-BERNARD has lately read before the Academy of Sciences a most interesting paper "On the Physiological Effects of Opium and its Principal Alkaloids." This memoir is to be shortly followed by a second, which will contain "An Historical Account of Opium," and complete this first selection of M. Bernard's experiments. Meanwhile, as the greatest interest is attached to everything which comes from that eminent physiologist, I hasten to give the prominent features of his first memoir, which I borrow from one of the French medical papers. M. Bernard successively experimented on morphine, narceine, codeine, narcotine, papaverine, and thebaine. The first three are soporific, each producing a distinct sort of sleep; the last three are toxical. It results from this first statement that opium is a compound of a great quantity of substances, which vary in their effects when applied to the economy. It is very probable that the six substances which I have just enumerated are not the only ones contained in opium. M. Bernard administered them under the form of chlorinates, and injected them into the subcutaneous cellular tissue. Thus administered, the absorption of the active part takes place more regularly than if it were confided to the digestive system; the results are more certain and more easily compared. The dose injected represents one centigramme (about one-fifth of a grain) of the salt dissolved in one cubic centimetre of water, and a small syringe with a pointed tube is made use of to inject the liquid. The experiments were made on cats, dogs, rats, guinea-pigs, sparrows, frogs, &c. In the whole of the cases the effects were the same, allowance being made for the varying impressionability of the different animals. Morphine sets into a more profound sleep than codeine; narceine holds its place between the two. This last substance had not until now been administered to man. Messrs. Debout and Béhier have studied its action on the human organism, and will shortly publish the results of their examination. All the derivatives of opium are poisonous, but in different degrees. Thebaine is the most toxical of all. Then comes codeine. Whence it results that the gummy extract of opium, contrary to general belief, is more dangerous than morphine, and that medical practitioners are wrong to prescribe codeine in higher doses than morphine. Two or three centigrammes (half a grain) of codeine injected into the veins of a dog caused instant death. With the exception of thebaine, all the alkaloids of opium produce convulsions. Those animals, on the contrary, to which thebaine is administered, die in a state of relaxation. In conclusion, the same vegetable or plant may contain different medicinal substances widely dissimilar between themselves.

The administration of the Assistance Publique having (as you noticed in your journal) sent to the Medical Society of the Hospitals of Paris the question, whether "patients affected with contagious or infectious diseases, and particularly small-pox, should be isolated?" the following were the conclusions adopted in answer:—1. It is necessary to isolate patients affected with small-pox. 2. The good results obtained by the method of isolation at the asylums of Vincennes and the Vésinet, in the army and naval hospitals, and in the different hospitals of Germany, Denmark, Russia, Switzerland, &c., show the possibility of avoiding dangers the fear of which has deferred to the present moment the adoption of a most salutary measure. 3. The creation of a special hospital is not necessary, and may be inconvenient. (In a large and populous city like Paris the hospital would be at too great a distance from remote quarters of the town, and would become insufficient during epidemics.) 4. The building in each hospital of an isolated pavilion, with particular and independent service, composed of chambers containing two or four, or four to six beds, according to the intensity of the disease, with the ventilation of 120 to 150 cubic metres per hour and per patient, would effectuate the isolation of small-pox sufferers, and place them in favourable conditions for cure. 5. It would be necessary to reserve in every pavilion some chambers for alternation.

In one of my last communications I noticed, as a curious specimen of the actual fury for discovering spontaneous generation everywhere and in all things, a memoir by M. Girard de Cailleux tending to establish a complete identity between rabid hydrophobia and acute febrile delirium frequently observed in lunatic asylums. At one of the recent meetings of the Academy of Medicine several members rose to protest against such an assertion. M. Bouley considered such an assimilation as monstrous; he would protest publicly in order that the silence of the Academy might not be considered as approbation. Such an assertion was not only erroneous, it might be dangerous; it might, if it reached some of the more ignorant of the public, give them the idea of stifling mad people, just as, not a great while ago, persons bitten by mad dogs were in danger of being throttled. M. Baillarger, whose experience as physician for the Moane is of great value, supported these views. He declared not only that the similarity of symptoms did not exist, but that the author had committed another mistake in asserting the similarity of structural injuries. M. Girard de Cailleux's great mistake, in my opinion, lies in his having taken a solitary symptom—aversion for water, sometimes manifested by the insane—and converted it into a whole pathological series. M. Bouillaud, the then president, declared that the question would be submitted to general discussion.

The same Academy has at length made an end of the debate on the subject of the specificity of diseases and of malignant pustule. The last meeting opened with the reading of a letter from M. Auzias-Turenne, in which that gentleman relates different experiments he has made, and which tend to establish the transmissibility of the syphilitic virus from and to animals. M. Vernois, one of the members of the Academy, supported that opinion. He remembered, while he was house-surgeon in M. Ricord's wards, having had occasion to notice a curious case of such transmission. A cat which was in the habit of feeding on the lint soiled with pus from syphilitic ulcerations died, and, on being opened and examined, its jaws were found covered with ulcerations, and its bones swollen in several parts. M. Briquet then rose to add some explanations

as to the hygienico moral theories which he had enunciated at the preceding sitting. He only meant to say that all excesses met with their punishment: great eaters were affected with diseases of the digestive system, great drinkers with diseases of the kidneys and urinary passages, great thinkers with diseases of the brain, and so on. The she-goats of which he had spoken, if they were not affected with syphilis, were at least affected with vaginitis, and the vaginal exudations might have contained virulent properties, &c. Then followed a discourse from M. Leblanc, which threw no new light on the subject; after which M. Guérin made a few remarks in support of the "doctrine of conciliation" promulgated by himself and M. Bouillaud, and admitting the action of general causes, but through the agency of an internal virus. M. Gosselin then rose, and expressed himself in the same dubitative manner as in his first report: he could form no judgment under existing circumstances. The President then declared that the debate was closed. And now, if we retrace its general features in order to arrive at some practical conclusion, we find on the one hand opinions energetically advanced in favour of the necessity of direct inoculation, and, on the other, opinions as forcibly expressed in favour of the spontaneous nature of malignant pustule. It is true, a compromise was effected by M. Bouillaud and M. Guérin admitting that a specific disease may take its rise from general causes, but through the necessary medium of a virus created by those causes, and then becoming an internal agent. But such concessions and such subtleties in scientific inquiries do not satisfy the mind. It would be wiser for a prudent mind to abstain from all rash and premature conclusions, and to suspend its judgment until fresh investigations throw a more distinct light on the matter. Such investigations are, in the present case, necessary. For if the proofs advanced by Enaux and Chaussier, who are still the chief authorities on the question, were conclusive, it is clear that the discussion which has just taken place would not have presented so fluctuating and uncertain an aspect. But it is not to inductive reasoning that we must appeal, like those who handled the debate, for the solution of the problem. Inductive reasoning is certainly a thing of value, and has sometimes conduced to the discovery of truths which were afterwards confirmed by facts; but it partakes of the weakness and imperfection of the human mind. And I take precisely as an example the opinions so diametrically opposed of which I have given the outlines, and which are all examples of inductive reasoning. Notwithstanding M. Bouillaud's and M. Guérin's high authority, I opine that twenty cases well observed and clearly established would have done more for the elucidation of the question than the highflown eloquence and philosophical speculations of our academicians. I may add that it will probably be left to some modest village practitioner, in some part of the country infested with malignant pustule, to establish a truth around which so many eminent men have been hovering uselessly.

Paris, Sept. 18th, 1864.

ROYAL COLLEGE OF SURGEONS.—The Library and Museum of this institution, which have been closed during the past month, will re open, the former this day (Saturday), and the latter on Monday. The statue of John Hunter is now finished and placed in the Museum. The numerous students arriving in this metropolis should be reminded that the registration commences on Monday next, when it will be necessary to produce, in addition to their hospital cards, a certificate of having passed a preliminary examination, or the grounds of their exemption, or their hospital studies will not be registered or in any way recognised. The preliminary examination for the Fellowship—i.e., in Classics, Mathematics, and French—will commence on Monday, the 17th instant, and the professional examination on the 22nd of next month. The primary examination in Anatomy and Physiology will commence on the 6th of November. There are three Jacksonian Prizes of seventy guineas to be competed for during the present year, as also the Collegial prize of fifty guineas, and two the succeeding year. The Saturday half-holiday is now participated in by the officers and servants of the College, who thoroughly appreciate this act of kindness on the part of the Council.

THE RAY SOCIETY has issued its annual report. We are glad to see that their valuable publications on Natural History are likely to appear in more rapid succession. That the volumes in preparation appear to be chiefly the productions of members of the medical profession is a gratifying proof that the love of science is strong amongst them, and that the onerous duties of medicine are relieved by the genial study of nature in all its forms.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd September:—

Butt, William Frederick, Mecklenburgh-street, W.C.
Colthurst, James Bunter, Carey-street, W.C.
Corbin, Thomas Wilson, Haringly-park, Hornsey.
Matthews, Josiah Wright, Holgate-crescent, York.

The following gentleman also on the same day passed his first examination:—

Llewellyn, Rees, London Hospital.

The following gentlemen passed the Preliminary Examination in Arts on the 23rd and 24th September, and received certificates of proficiency in general education:—

Amsden, George, London,
Hann, Isaac, Yeovil, Somerset,
Hazel, William F., London,
Hollis, Alfred, London,
} Special Certificates.

Amsden, George.	Fiske, Frederick J.	Miller, F.
Barker, R. H.	Furnivall, C. H.	Moon, Charles.
Bately, John.	Garner, Jonathan.	Moseley, L. J.
Bayley, Reginald.	Gill, H. C.	Phillips, J. M.
Beard, William.	Green, James.	Roberts, Arthur.
Bevan, J. R.	Grover, J. P.	Roberts, A. Copplestone.
Biggs, George.	Hackney, A. H.	Skinner, S.
Blackmore, J. R.	Hann, Isaac.	Smith, Thomas.
Bower, William.	Haynes, J. R.	Stables, W. W. G.
Broughton, R. N.	Hazel, Wm. F.	Staveley, W. H.
Bryant, C. K.	Hill, J. Devere.	Stephens, Edward.
Burn, G. W.	Hollis, Alfred.	Thur-ton, William.
Carr, John.	Hutchings, H.	Wallace, Frederick.
Collins, H. W.	Irving, W. G.	Wallis, F. Michael.
Crighton, H. D.	Jenkins, John Robert.	Warburton, E. S.
Currie, A. E.	Jones, Thomas D.	Welsh, Inman.
Davies, Thomas.	Latham, W. H.	Wesley, W. K.
Dukes, Edgar.	Lloyd, T. L.	Williams, Albert.
Essery, Wm. Aubrey.	Maine, Walter.	Wintle, Henry.
Evans, T. Walker.	Mason, J. D.	Wright, Francis.
Fairclough, T. B.	Matthews, J. F.	Young, John.

RICHMOND HOSPITAL, DUBLIN.—Additional wards to accommodate forty patients are about to be added to this hospital.

SUNDERLAND FEVER DENS.—A number of persons living in Sunderland have been prosecuted for overcrowding their dwellings. The magistrates have ordered an abatement of the nuisance in every instance.

SALISBURY INFIRMARY.—Mrs. Fowler, a liberal supporter of this institution, has contributed £200 towards the formation of a superannuation fund for nurses who have served not less than fifteen years.

ABSINTHE.—At a recent sitting of the Academy of Sciences Dr. Emile Decaisne presented an elaborate "Etude Médicale sur les Buveurs d'Absinthe," in which he states that the consumption of absinthe has enormously increased in France, and recommends that from its pernicious effects its sale should be prohibited.

LEEDS GENERAL INFIRMARY.—Some of the friends of the late Dr. Hardwick, being desirous of showing respect to his memory, have subscribed nearly £300 towards founding a prize, to be called the "Hardwick Clinical Prize," to be awarded annually to the best student in Clinical Medicine at the Leeds General Infirmary.

COUNTY LUNATIC ASYLUMS.—The total cost of the county lunatic asylums throughout England and Wales for the year 1863 was £122,782 2*s.* 2½*d.* Of this sum £21,404 9*s.* 3*d.* was for diet, £7459 16*s.* 8*d.* for clothing, and £57,112 1*s.* 0½*d.* for incidental expenses; the cost of pauper lunatics being £36,705 15*s.* 3*d.*

HEALTH OF THE BRITISH AND FRENCH ARMIES.—From an official return just published it appears that the cases of sickness in the French army have been two and a half times as numerous as in the British; but that the number constantly non-effective from sickness, and the sick time to each soldier, have been nearly identical in the two services.

GIFT OF A DISPENSARY.—Mr. Staniforth Beckett, of the Knoll, Torquay, Devon, has just presented a handsome building and £5000 for its maintenance as a dispensary, to the inhabitants of Barnsley. The late Mr. Alderson has also bequeathed £100 to aid in the good work commenced by Mr. Beckett. The donor of this magnificent gift is a member of a family who, in the early part of the present century, resided in Barnsley, and carried on an extensive business in linen manufacture and banking.

UNREGISTERED MEDICAL PRACTITIONERS.—An inquest was held on the 23rd ult., by Mr. Humphreys, on the body of Frederick Liedeman, aged one year and six months. The deceased was the son of a mason, residing in Cranbrook-road, Bethnal-green, and had been suffering from diarrhœa for a long time past. A fortnight before his death the parents took him to the shop of a herbalist, named Stephens, in High-street, Whitechapel, where Dr. Coffin prescribed for him. The child was given three bottles of medicine, for which 2s. 6d. each was charged. He died Sept. 21st, and Dr. Coffin sent a certificate by post, stating the cause to have been phthisis or consumption. Mr. F. J. Gant, pathological anatomist to the Royal Free Hospital, said that he had made a post-mortem examination of the deceased. There was not the slightest trace of phthisis or consumption. The lungs and other organs were very healthy. Treatment for consumption was most improper in such a case. The jury returned the following verdict:—"That the deceased died from exhaustion from diarrhœa from natural causes, and the jury are of opinion that the Legislature ought to put a stop to the practice of unqualified practitioners giving certificates, as it was calculated to facilitate child-murder and irregularities of registration."

KENT MEDICAL BENEVOLENT SOCIETY.—This Society has just published its 77th annual report, which indicates continued growth and success. The income of the past year was £544; out of which £350 was voted to eight annuitants, leaving, after the payment of incidental expenses, a considerable sum to be added to the already large amount of £8000 invested in three trustees. The number of members is about 180, who contribute £1 1s. per year. We are surprised that so excellent and, as far as we can judge, so well-conducted a Society does not induce every member of the profession in the county to join it.

LLEWELLYN MEMORIAL FUND.—At a meeting of the members of the medical profession, held in Calcutta, on the 3rd of August, the following resolutions were unanimously carried:—

1. That a subscription be raised, in which all medical men on this side of India be requested to join, for the purpose of perpetuating the memory of Mr. David Herbert Llewellyn, the young English surgeon who lately perished on board the ship in which he served, choosing rather to resign his own life than to imperil the safety of wounded men under his care.

2. That a committee be formed for the purpose of carrying out the resolution first proposed in communication with the profession in India and England, and of taking into consideration the form of expression to be adopted.

3. That the following gentlemen be requested to form themselves into a committee to fulfil the objects of this meeting:—Drs. Gordon, Chevers, Macrae, O'Callaghan, Murphy, Fayrer, Beatson, Ralph Moore, Barry, Waller, Bourne, and Partridge.

EPIDEMIC IN INDIA.—The epidemic fever which has committed such tremendous ravages in Bengal during the last year or two has re-appeared. As before, it is almost depopulating villages in the Hooghly district. We have heard of one instance in which hundreds of the natives died in a few days. Medical assistance has been supplied from Hooghly, but it appears almost entirely unavailing.

THE "GODARD" PRIZE.—Testamentary clause: "I bequeath to the Society of Biology of Paris, or if that Society be not recognized by Government, to its President, a sum of £200, the interest of which every two years will be given as a prize to the author of the best paper on a subject connected with Biology. No particular subject will be proposed for this prize. If, on any one year the prize is not awarded, the value will be carried to the prize given two years afterwards." The first prize will be given in January, 1865. The printed or manuscript papers, intended for competition, should be sent to the President of the Society of Biology, Rue de Londres, No. 14, Paris, before the 1st of November, 1864.

WESTMINSTER COUNTY COURT.—A case of some importance was decided in this court on the 16th ult. A Mr. Scheibler sued a person named Harding for attendance and medicine. For the defence it was contended that the plaintiff could not recover, as he was not duly registered under the Medical Act. The counsel for Mr. Scheibler said that gentleman was a homœopathist, and had no desire nor necessity to be registered under the Act. The Judge, however, held that as the plaintiff prescribed medicines he ought to be registered to enable him to recover, and he therefore gave his verdict for the defendant, without costs.

MEDICAL VACANCIES.

Ampthill Union (Ampthill District)—Medical Officer.
Bath Mineral-Water Hospital—Resident Medical Officer, vice Mr. J. Roberts, resigned.
Bridgwater Union (Polden District)—Medical Officer.
Camberwell Provident Dispensary (Peckham District)—Medical Officer.
Lock Hospital—House-Surgeon.
Plymouth Public Dispensary—Physician, vice Dr. Soltau, deceased.
St. Pancras, Middlesex—Two Medical Officers.

MEDICAL APPOINTMENTS.

S. J. BAKER, M.R.C.S.E., has been appointed one of the Surgeons to the Dispensary, Abingdon.

T. E. CLARK, M.R.C.S.E., has been elected Surgeon to the Bristol Royal Infirmary, vice T. Green, M.D., retired.

J. EATON, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Farnsfield District of the Southwell Union, Nottinghamshire, vice Mr. Wm. Swann.

R. T. GRUEB, M.R.C.S.E., has been appointed House-Surgeon to the London Hospital.

R. HARRISON, M.R.C.S.E., Medical Officer for the Ambleside District of the Kendal Union, Westmoreland, has been appointed also Public Vaccinator, vice W. Fell, M.R.C.S.E., deceased.

J. M. NICHOLSON, M.D., has been appointed Medical Officer for the new Workhouse of the Holbeck Union, Yorkshire.

C. R. PEARCE, M.D., has been appointed to fill the office of Senior Physician to the Plymouth Public Dispensary, vice W. F. Soltau, M.B., deceased.

W. SMITH, M.R.C.S.E., has been appointed Resident Surgeon to the Birmingham Lying-in Hospital and Dispensary for the Diseases of Women and Children, vice R. W. Soper, M.R.C.S.E., resigned.

E. SNELL, M.R.C.S.E., has been elected Resident Medical Officer to the Isle of Man General Hospital and Dispensary, vice J. J. Adair, M.D., resigned.

S. T. TAYLOR, L.R.C.P.I., has been elected Resident Medical Officer to the Norwich Public Dispensary, vice H. Taylor, M.R.C.S.E., resigned.

M. WRIGHT, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the St. Peter's District No. 2, St. Mary's, Newington, Surrey, vice J. W. Perrin, M.R.C.S.E., deceased.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. ALLEN, Assist.-Surgeon R.N., has been appointed to the "Victory" (additional).

J. AMBROSE, M.D., has been appointed Staff Assist.-Surg. Army.

J. ANDERSON has been appointed Staff Assist.-Surg. Army.

W. ARMSTRONG, L.R.C.S.Ed., Surg. 9th Foot, has been appointed Staff Surg., vice Stewart, appointed to the 78th Foot.

G. ATKINSON, M.B., has been appointed Staff Assist.-Surg. Army.

J. ATKINSON has been appointed Staff Assist.-Surg. Army.

W. ATKINSON has been appointed Staff Assist.-Surg. Army.

T. BARINGTON has been appointed Staff Assist.-Surg. Army.

J. J. BALL has been appointed Staff Assist.-Surg. Army.

G. BARNES, L.R.C.P.Ed., late Hon. Assist.-Surgeon to the 16th Staffordshire Rifle Volunteer Corps, has been appointed Assist.-Surg. to the 1st Administrative Batt. of Staffordshire Rifle Volunteers.

T. BARNWELL, Assist.-Surg. Rifle Brigade, has been appointed Staff Assist.-Surg. Army, vice Davis, appointed to the 44th Foot.

T. S. BARROW, M.D., has been appointed Staff Assist.-Surg. Army.

J. F. BEATTIE, M.D., Staff Assist.-Surgeon Army, has been appointed Staff Assist.-Surgeon to the 79th Foot, vice Irvine, appointed to the Royal Artillery.

R. W. BERKELEY, M.R.C.S.E., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

A. W. BEVERIDGE, M.D., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

J. BILDERBECK, Assist.-Surgeon, doing duty with the 2nd Madras Native Infantry, has been posted to the 17th Madras Native Infantry.

T. G. BOLSTER, M.D., has been appointed Staff Assist.-Surg. Army.

J. H. N. BRACKEN, L.K.Q.C.P.I., Assist.-Surg. 54th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

J. R. FINEGAN has been appointed Staff Assist.-Surg. Army.

A. FITZGERALD, Assist.-Surg., late Civil Assist.-Surg. at Moradabad, has been attached to the 104th Foot at Bengal.

J. FLEMING, M.D., has been appointed Staff Assist.-Surg. Army.

J. G. GIBBS, Surg., has been posted to the 6th Madras Native Infantry.

E. GILBORNE, L.R.C.S.I., Surgeon Royal Artillery, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

C. H. Y. GODWIN, M.R.C.S.E., Assist. Surgeon 39th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

H. W. GRAHAM, M.D., Assist. Assay Master at the Madras Mint, has been appointed Deputy Assay Master at the Calcutta Mint.

J. M'G. GRANT, M.D., Surg.-Major 94th Foot, has been appointed Staff Surg.-Major, vice Clarke, who has exchanged.

J. GRAY, M.D., has been appointed Staff Assist.-Surg. Army.

J. R. GREENHILL, M.R.C.S.E., Staff Assist.-Surg. Army, has been appointed Assist.-Surgeon to the 72nd Foot, vice Pope, appointed to the Royal Artillery.

A. R. HALL, M.R.C.S.E., Assist.-Surg. 52nd Foot, has been appointed Assist.-Surg. in the Royal Artillery.

J. R. HAMILTON, M.D., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

R. C. C. HICKSON has been appointed Staff Assist.-Surg. Army.

W. HOWARD, Assist.-Surg., doing duty with the Royal Artillery at Kirkee, has been appointed to the 21st Regt. of Hussars in Bengal.

J. W. HULSENBERG, M.R.C.S.E., Staff Assist.-Surg. Army, has been removed from the 1st Royals at Kamptee to the C Battery D Brigade Royal Horse Artillery at Kamptee.

R. HYDE has been appointed Staff Assist.-Surg. Army.

J. A. ILLINGWORTH, M.R.C.S.E., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

W. IRONSIDE, M.D., Assist.-Surg. 71st Foot, has been appointed Assist.-Surg. in the Royal Artillery.

G. N. IRVINE, M.D., Assist.-Surg. 79th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

M. JACKSON, Acting Deputy Inspector-General of Hospitals Madras Ser-

vice, has been posted to act in ceded Districts during Mr. Balfour's absence, or until further orders.

J. B. JARDINE, Assist.-Surg. 56th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

J. JEE, M.R.C.S.E., C.B. (Victoria Cross), Surg.-Major 78th Foot, has been appointed Surg. to the 1st Dragoons, vice A. Forteath, M.D., Surg.-Major, placed upon half-pay.

W. JOBSON, M.D., has been appointed Staff Assist.-Surg. Army.

F. JOHNSON, M.B., has been appointed Staff Assist.-Surg. Army.

J. S. JOYNER, L.K.Q.C.P.I., Assist.-Surgeon 89th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

T. KENNEDY, L.R.C.S.I., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

J. G. KING has been appointed Staff Assist.-Surg. Army.

T. M. KIRKWOOD has been appointed Staff Assist.-Surg. Army.

D. A. LESLIE, M.D., has been appointed Staff Assist.-Surg. Army.

A. M. S. LITHGOW, M.D., has been appointed Staff Assist.-Surg. Army.

J. S. M'ADAM, L.K.Q.C.P.I., Staff Assist.-Surg., has been appointed to do duty with the King's Dragoon Guards at Madras until further orders.

T. A. C. MACARTHUR, L.R.C.S.Ed., Staff Assist.-Surgeon Army, has been appointed Assist.-Surg. in the Royal Artillery.

E. M'GRATH, Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 8th Hussars, vice Sherlock, appointed to the Staff.

W. MACKENZIE, C.B., A.M., M.D., Deputy Inspector-General of Hospitals Madras Service, has been promoted to Inspector-General of Hospitals, with temporary rank, during the employment of Inspector-Gen. Shaw as officiating Inspector General Medical Department.

A. C. M'TAVISH, L.R.C.S.Ed., Assist.-Surgeon 60th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

J. V. T. MALCOLM, M.D., has been appointed Staff Assist.-Surg. Army.

T. MAUNSELL, L.K.Q.C.P.I., Assist.-Surgeon 48th Foot, has been appointed Assist.-Surg. in the Royal Artillery.

J. W. MAXHAM, M.D., has been appointed Staff Assist.-Surg. Army.

H. F. L. MELLADEW, M.D., has been appointed Staff Assist.-Surg. Army.

J. MIDDLETON, M.D., has been appointed Staff Assist.-Surg. Army.

A. MINTY, M.B., has been appointed Staff Assist.-Surg. Army.

H. B. MONTGOMERY, M.D., has been appointed to officiate as Assist. Assay Master at the Madras Mint until further orders.

H. N. M. SEDGWICK, M.D., Acting Assist.-Surgeon R.N. Dec. 8th, 1863, has been appointed to the "Achilles."

J. WALKER, M.R.C.S.E., late Hon. Assist.-Surg. to the 6th Staffordshire Rifle Volunteer Corps, has been appointed Assist.-Surg. to the 1st Administrative Batt. of Staffordshire Rifle Volunteers.

Births, Marriages, and Deaths.

BIRTHS.

On the 19th ult., at Sea-view House, Cove, Kincardineshire, the wife of J. Ferguson, M.D., of a daughter.

On the 20th ult., at Boston, Lincolnshire, the wife of A. M. Adam, M.D., of a daughter.

On the 20th ult., at Middleton-park, Queenstown, the wife of Dr. M'Clement, R.N., H.M.'s Ship "Hawke," of a son.

On the 21st ult., at Woolwich, the wife of G. Pain, M.R.C.S.E., Surgeon Royal Artillery, of a daughter.

On the 22nd ult., at Upper Rathmines, Dublin, the wife of B. W. Switzer, F.R.C.S.I., Bengal Medical Service, of a son.

On the 23rd ult., at Hovingham, near York, the wife of R. Gillard, M.R.C.S. Eng., of a son.

On the 24th ult., the wife of Chas. Murchison, M.D., of Wimpole-street, of a daughter.

On the 24th ult., at St. Clear's, the wife of J. L. Thomas, M.R.C.S., of a daughter.

On the 25th ult., at St. George's-road, Glasgow, the wife of J. C. Woodburn, M.D., of a son.

On the 28th ult., at Swineshead, Lincolnshire, the wife of Conway Hine, M.R.C.S., of a son.

MARRIAGES.

On the 17th ult., at Birmingham, T. O. Hunt, M.R.C.S.E., of Presteign, Radnorshire, to Anne Elizabeth, daughter of J. Taylor, Esq., of Eccles-green, Norton-Cannon, Herefordshire.

On the 23rd ult., at St. Margaret's, Plumstead, Wm. C. Wise, M.D., of Plumstead, Kent, to Anne, only child of Wm. Jackson, Esq., of Shooter's-hill, Kent.

On the 27th ult., at Harrogate, Samuel Lawson, L.F.P. & S. Glas., of Adlington House, Burnley, to Harriet Anne, second daughter of Joseph Hargreave, Esq., of the same town.

DEATHS.

On the 13th ult., at Camden-town, F. A. Hamerton, M.R.C.S.E., aged 38.

On the 14th ult., at Thorpe, T. Osmond, Surgeon, aged 86.

On the 16th ult., at Sherborne, Ernest Fussell, M.R.C.S.

On the 17th ult., at Dover, J. Drummond, R.N., Inspector-General of Hospitals and Fleets, aged 72.

On the 19th ult., T. D. Stanistreet, Surgeon, of Mornington-row, Bow, late of Calcutta, aged 49.

On the 20th ult., at the Adelaide Hospital, Dublin, William Hargrave, M.B., Representative of the Royal College of Surgeons, Ireland, in the General Council of Medical Education and Registration, aged 56.

On the 20th ult., at Rutland square East, Dublin, J. M'Munn, L.K.Q.C.P.I., aged 66.

On the 21st ult., at Oldham, Lancashire, J. H. Wilkinson, M.R.C.S.E., aged 54.

On the 22nd ult., T. Gibson, M.R.C.S.E., of Paradise-street, West Bromwich, aged 35.

On the 25th ult., Betsey Hindley, the wife of Adam Fletcher, M.D., of Bury, aged 28.

On the 25th ult., at the Beeches, West Bromwich, Thomas Silvester, Esq., aged 76.

On the 28th ult., at Wolverhampton, Daniel Shelswell, late of Lutterworth, Leicestershire, aged 34.

At Archbutt-terrace, Manor-street, Chelsea, S. J. Thomas, M.R.C.S.E.

To Correspondents.

Mr. John Braden, X. Y. Z., and others.—The publication of the cases referred to will be attended with a beneficial effect. The more the subject is ventilated, the more imperative will the necessity appear for an alteration in the 40th clause of the Medical Act. It certainly is remarkable that the lawyers seem quite at sea with reference to the real meaning of this clause. Law is said to be the "perfection of reason." The discussions on this clause would seem to show that occasionally it is the perfection of nonsense.

If *J. H. S.* will forward his name and address, he shall receive a private note.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

Dr. W. O. Markham, Clarges-street	£1	1	0
Dr. Geo. Yeoman, Whitby	0	10	0
Drs. Lobb and Hogg, East London	1	1	0
Wm. Williams, Esq., Wareham	0	7	0
Chas. Willcox, Esq. ditto	0	7	0
Ed. Mercer, Esq. ditto	0	7	0
Amount previously announced	61	3	6
Received at THE LANCET Office	3	11	0

I beg to take this opportunity of informing the Poor-law medical officers generally that at the last Committee meeting it was considered advisable that the above Fund should be shortly closed. It is possible that the list of subscribers published weekly in the four medical journals for the last three months may not have been seen by all who would wish to be thus included as testifying to and appreciating Mr. Griffin's worth.

I would therefore crave space in your next issue to make this forcible appeal to my Poor-law medical colleagues on behalf of the Testimonial Fund. I respectfully solicit that all intending subscribers will *at once* remit to me their contributions. We may then have a well-filled purse to present to our champion at the public dinner, to which it is intended to invite him in a few weeks' time at the Freemasons' Tavern, and of which all subscribers will be duly notified by printed circular.

Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Sept. 26th, 1864.

James.—There are definite periods for holding the L.M. examinations at the Royal College of Surgeons. These are duly announced in the pages of this journal.

A Reader of THE LANCET (Sheffield) must forward his name and address in confidence.

Forceps.—Not unless he assumes a title implying qualification.

"SCABIES VENEREA."

To the Editor of THE LANCET.

SIR,—It is evident that your correspondent, "M.R.C.S.," has misapplied the term "scabies," and that he intended to designate thereby, not "itch," but itching. Now, since the absence of this is one of the most valuable diagnostic symptoms in syphilis, and since anti-syphilitic remedies have been tried in vain, I would suggest that the disease of the glans and prepuce is caused by some vice of constitution, not venereal. Probably on examination the urine will be found acid, or perhaps saccharine. In the former case, a rapid cure may be obtained from five to ten grains of iodide of potassium and half a drachm of acetate of potash, in an ounce of decoction of bark thrice a day; an occasional dose of podophyllin; and the following ointment to the part affected:—Benzoated zinc ointment, one ounce; liquor opii sedat. and liquor plumbi diacetatis, of each half a drachm.

I remain, Sir, yours, &c.,
September, 1864. R. S. SISSON, M.D.

P.S.—Ten grains of Dover's powder may be taken at bed-time if the irritation is considerable.

To the Editor of THE LANCET.

SIR,—In reply to "M.R.C.S.," asking for a suggestion in the treatment of "scabies venerea," I have to state that a patient is under treatment at the present time at our establishment, suffering from a secondary eruption all round the scrotum and anus, which was accompanied by intolerable itching. After taking three mercurial baths, preceded by a sweat in the hot-air room, the itching entirely subsided, and the eruption is rapidly fading.

If your "Foreign Licentiate" from Nottingham, requesting information upon the mercurial bath, will communicate with us, we shall have much pleasure in giving him every information he may require; or, if he would pay us a visit, show him the simple process as carried out at our establishment.

I am, Sir, yours, &c.,
E. W. POLLARD, M.R.C.S.E.

Turkish Bath, Alfred-place, Brompton, Sept. 1864.

HOSPITAL CARRIAGES.

A CORRESPONDENT of *The Times*, Mr. Macdonald Stephenson, proposes to establish a fund for providing hospital carriages for the purpose of conveying persons suffering from infectious disease. He suggests that light, easy, close carriages be built expressly suited to the purpose, and kept at all the hospitals and in different parts of London, which should only require to be attached by some simple means of connexion to any form of cab. He has himself headed the list with a donation of ten guineas. Further subscriptions will be received at the London and County Bank, 21, Lombard-street; and at Messrs. Ransom and Co.'s, Pall-mall.

INDIAN OPINIONS ON THE NEW MEDICAL WARRANT.

WE continue extracts from letters addressed to us by Indian medical officers upon the grievances arising out of the last Warrant.

X. sends the following statement of the Bengal medical service and its grievances:—

"The medical officers now in the Indian medical service entered it under the late Hon. East India Company on the following terms—viz., that, as assistant-surgeons of less than ten years' service, they should, while in medical charge of a regiment of native cavalry, receive a salary of £53 per month, and of native infantry, £42 2s.; that on completing ten years' service, the pay of the former should be increased to £66 10s. per month, and of the latter to £55 12s.; in addition to this, if put in charge of any civil station, divisional staff, or detachment, they were allowed an extra allowance of £10 per month for the charge of the civil station, £10 per month for the divisional staff, £2 10s. per cent. for Europeans, and £1 5s. for natives of any detachment they might be ordered to take charge of in excess of their own regiments; there were also several staff and civil appointments for assistant-surgeons, which gave them very handsome allowances in addition to their pay. Their prospects were also good, as their promotion, though slow, was sure. On promotion to surgeon, the pay and staff allowances were much higher, and a surgeon was very unfortunate who was not in receipt of £90 or £100 per month. There were also for surgeons several staff and civil appointments, with very handsome allowances in addition to the pay of the rank; besides these appointments, there was the charge of five regiments of European cavalry, seven of European infantry, two brigades of horse artillery, and five battalions of foot artillery, all of which were Bengal surgeons' appointments, and were much coveted by them, being on an average worth £100 per month each. The surgeon looked forward to promotion to Deputy Inspector-General, or some high appointment, as Presidency Surgeon, &c., and the Deputy Inspector-General to Inspector-General and Principal Inspector-General, &c. The medical officer was also entitled to a retiring pension of £300 a year from the Bengal Medical Retiring Fund, to which he was obliged to subscribe. He also derived the same benefits as all other military officers of corresponding rank, in the way of pensions, widows and orphans' funds, pensions for wounds, &c.

"Such were the inducements to enter the service and the prospects of those who did. When the government of India was taken over by the Crown, we were distinctly told 'that the rights and privileges of the officers of the Indian service should not be interfered with, and that we should continue to receive the same pay, allowances, and pensions &c. as heretofore;' and now see how this 'guarantee' has been adhered to.

"1st. To begin with the great 'bait' that caught all the medical officers now in the service, the Medical Retiring Fund. Its source of supply has been stopped by closing the Indian medical service. The Fund is insolvent, and yet the same sums as of old are deducted from our pay by the orders of Government; and although constant appeals have been made to the authorities about it, nothing has been done; consequently our chances of the pension, for which we have paid, and for which we entered the service, are very remote, and assistant-surgeons are still paying over £40 a year to a Fund from which, unless some alteration is made, they can never expect to derive one farthing benefit.

"2ndly. The pay of medical officers has been reduced, the highest pay an assistant-surgeon under ten years' service can receive now being £43 2s., and on completing ten years' service, £45 2s. In whatever appointment he may be placed, this is all he can receive, all staff allowances and pay for extra charges &c. being abolished. This makes an assistant-surgeon under ten years' service with cavalry lose £10 per month; with infantry he receives about the same; but an assistant-surgeon of ten years' service with cavalry loses £21 per month, and with infantry, £10 12s. The amount he now receives, after deductions for *insolvent funds*, taxes, house-rent, &c., leaves scarcely enough for food and clothes. If a man is married he must get deeply into debt. The old scale of pay was not good; but this is a great deal worse.

"3rdly. A surgeon's pay on the new scale, in whatever position he is placed, is only £82 per month after fifteen years' service. This is the largest sum he can obtain until he has completed twenty years' service, when he gets a slight increase. The deductions from a surgeon's pay are considerable, being about £12 or £15 per month, on account of Funds, &c. All the good staff appointments and European regiments, &c., which were formerly worth having, are now reduced to the same level, and the surgeon must now vegetate upon just enough to keep him. He will most likely be a married man, and to be married in India entails the expense of two establishments, one in India, and one in England for his wife and children.

"4thly. The nineteen regiments of European cavalry, artillery, and infantry of the late Hon. East India Company in Bengal have all been given over to the Royal or Home service, without even giving the option of electing for general service to those surgeons and assistant-surgeons who had served for years with them, and who would have gladly continued to do so.

"5thly. The appointments of Deputy Inspector-General, Inspector-General, and Principal Inspector-General are now uncertain. Formerly any surgeon who had done good service looked forward to be rewarded with one of these appointments in his old age. But now what are his prospects? The appointments that he naturally expected after his lengthened service are to be done, away with; his Retiring Fund, to which he has paid large sums, is bankrupt; and all he can hope to get is his merely military pension, which is so small that it will not keep him out of the workhouse.

"Such is the true state of the Indian medical service, which a few years ago was the best paid service in the world."

A Bengal Assistant-Surgeon opens an elaborate statement of eight pages which we have read with interest, and regret to be unable to insert, by stating:—

"It is difficult to convey to you an adequate conception of the deep and wide-spread disappointment with which the new Royal Warrant has been received by the majority of medical officers serving in this country, and this disappointment, I may say, extends to both the Royal and Indian services. We had patiently waited some five years, with the well-founded expectation—so it was thought—that the new Warrant would greatly improve our pay and prospects in every respect. Judge then of our astonishment on finding that, with the exception of surgeon-majors, almost every rank in the service receives *less* pay than it did under the old regulations: one class of medical officers in particular losing as much as 152 rs. 12 as. per month, or, in English money, £183 a year! Staff salaries and head money have been entirely abolished. The latter, under some circumstances, proved a considerable and very acceptable addition to the emoluments of the medical officer.

"I would make a passing reference to my own case. I am an assistant-surgeon of the Bengal army of five years' service, and on the 16th of June I received medical charge of a regiment of native infantry, the pay for which, according to the old rate, was 421 rs. 10 as. per month. On presenting my bill for that month, the paymaster cut my pay down to the new rate of 335 rs. 12 as., thus mulcting me of the sum of 85 rs., or £102 per annum!"

J. M. (Rajpootanah) says:—

"I must apologise for troubling you. My only excuse can be that I am anxious you should be well acquainted with the real state of the service, so as to be able to warn students from entering a service where they receive merely enough to exist upon in an unhealthy climate, and where no ample provision is made for them in their old age. The disgust throughout the service at the new scale of pay is so great, that if we could only get back the large sums we have paid to insolvent funds, the greater number of us would at once resign."

Tempora Mutantur writes:—

"We still require the sympathy of a powerful press and our brethren in civil life. Having taken the shilling, we must be patient under every fresh indignity and breach of contract, and we must rest satisfied with the uncertain prospect of completing a miserable servitude to find that, according to the new scale of pay, there is no prospect of laying by any money for our old age. We must take and be satisfied with the pension a liberal (?) Government will give us when we are completely worn out.

"To sum up, you may publicly announce that, according to the present prospects of the service, India must be the last refuge for all the outcasts of the profession. The present members of the Indian medical service are entirely discontented and disheartened; and with prospects such as we in India have, a well-educated gentleman will find that in India he holds a most subordinate position, and that his talents and education are completely thrown away."

A General Practitioner.—The pain in question, and which is so much complained of by young female patients, has been well investigated by Dr. Martyn, of Clifton. According to this inquirer, infra-mammary pain is a reflex intercostal neuralgia, generally expressive of some trouble connected with the heart.

Mr. Richard Brown, (Richmond, Yorkshire.)—Probably at the Hospital for Consumption at Brompton.

M.D. should refer to a leading article in THE LANCET of August 27th.

THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—As one feeling much interest in the British Pharmacopœia, and wishful to see it practically adopted by the profession, will you allow me to put the following questions to the Pharmacopœia Committee, or, if they do not feel themselves at liberty to answer them, then to the General Council *itself*, to be answered at the next meeting, or sooner if possible:—

1st. Are the *weights* of the present edition to be retained in the forthcoming one, and must the old divisions and symbols consequently be abandoned by prescribers? We ought to be distinctly informed on this at the earliest possible moment; for if there is to be no return to the old system, the sooner we begin to accustom ourselves to the new one the better. Many hang back in the expectation of a change.

2nd. Is the British Pharmacopœia, in its revised form, to be published without note or comment, as is the present one? Of course those who know the history of Pharmacopœias know that they never did contain any explanation of the processes, any list of incompatibles, any account of the physiological action of the medicines, or their uses and doses; yet all this is most desirable with the Pharmacopœia, and was during the present century always to a greater or less extent given in that authorised translation of the London Pharmacopœia which came out along with the Latin one. What the profession want, and what would in a very short time habituate them to the British Pharmacopœia, is a *verbatim* copy of it, with such information briefly following each formula, the whole forming a moderately sized and compact volume. All the works on the new Pharmacopœia are lying before me; and though each is good, yet not one of them is satisfactory or useful as a book of reference. In the same way as Philips's Translation of the London Pharmacopœia was, because not one of them adopts the words and arrangement of the original, so as to be in reality *the* Pharmacopœia with the necessary notes and explanations.

3rd. Will the General Council say what they are to do on this point? Will they stand on their right of property which the statute gives them, and prevent anyone reprinting the British Pharmacopœia, even with additions? Or will they compromise the matter by employing one of their own Pharmacopœia Committee, or any other competent person, to bring out such an edition, dividing, in some proportion, the profit of the sale of it with him? If they really wish the Pharmacopœia to be acceptable and useful to the student, and even to the practitioner, they must in some way or other get out such an edition.

Your obedient servant,

Aberdeen, September, 1864. A. C. KILGOUR, M.D.

Justus.—There are said to be two kinds of digitaline in commerce possessing different physical and chemical properties. One is called "German," and is soluble; the other is French, and is insoluble.

Dr. Rosebrugh, (Toronto.)—We shall be happy to receive a short article on the subject.

J. J. J.—Dr. G. E. Paget, of Cambridge. His address has been published separately, and may be had of T. Richards, Great Queen-street.

DR. CARTER ON THE LYMPHATICS OF THE LIVER.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will correct a series of errors which I observe in your last impression regarding the paper which I read before Subsection D at the meeting of the British Association.

My paper was "On the Origin and Relations of the Superficial Lymphatics of the Human Liver and the Liver of the Pig." The object of it was—1st, to show that direct communication exists between the capillaries and the primary lymphatic radicles; and 2ndly, that the superficial branches of the hepatic artery are in the human subject, and to a less degree in the pig, sheathed in lymphatics, the result of which must be that with each expansion of the hepatic artery there will be a propulsion of lymph towards the heart.

I remain, Sir, yours, &c.,

Upper Parade, Leamington, Sept. 1864. T. A. CARTER, M.D.

DUBLIN UNIVERSITY.

THE authorities of this institution did not make the usual return of list of lecturers in time for publication in the Students' Number. We therefore were compelled to publish the list of the previous session. The following corrections have, however, been forwarded:—Practical Anatomy and Dissections will be conducted by Dr. Barton, Dr. Bennett, and assistants; Materia Medica by Dr. Aquilla Smith; Midwifery by Dr. Sinclair; Medical Jurisprudence by Mr. Travers.

Anti-Humbug.—There is no proof that the gentleman in question has lent his name to the puff.

Ventilation.—The note shall appear next week.

TREATMENT OF SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—In your last impression appears a letter from a gentleman signing himself "Union Surgeon," who states he has been attending several cases of scarlet fever lately of a mild type. He asks if the anasarca following was caused in any way by the administration of the sesquicarbonate of ammonia, I think not. The careless nursing, I doubt not, might have had something to do with it.

I shall be happy, if you will allow me, to state what I noticed in a recent epidemic occurring in the district of which I am medical officer. The disease, I may say, lingered for three years, one village after another being affected. Most of the cases were of a very severe character, accompanied nearly always with the diphtheritic sore-throat.

I treated all this class of cases with chlorine mixtures, tincture of the muriate of iron, gargles of chlorate of soda or potash, wine, and a liberal supply of beef-tea and the usual et ceteras. The milder forms of the disease, without any throat complication, speedily got well under the ordinary routine practice of administering febrifuges. I never gave, or will give, a purge at the commencement of an attack. I have sometimes at this stage prescribed an emetic with variable results.

But what I noticed most of all was, anasarca, when it occurred, followed the milder forms of the disease; and I may say the same of acute desquamative nephritis, several instances of which I noted. I therefore maintain that if the poison be not eliminated from the system through the skin, you will necessarily have some of the sequelæ.

The treatment of the various secondary affections with me was very simple, and, with one or two exceptions, was quite successful. It consisted of the compound jalap powder purges, antimony, salines, and in some few cases the tincture of the muriate of iron. Vapour baths were resorted to, and sometimes, where this was not obtainable, I packed the patients in layers of blankets, first wet with hot water. I found this to answer nearly as well as the vapour bath.

In all the patients under my observation, when the rash had disappeared, I never omitted giving a saline aperient. I had one child who had entire suppression of urine for four days, of course with a fatal termination.

I am, Sir, your obedient servant,
September, 1864. J. C. B. SMALLMAN, M.D.

To the Editor of THE LANCET.

SIR,—Like your correspondent, "Union Surgeon," I am medical officer to a large parish of poor people, where I may say that I am never without scarlet fever to attend.

I treat all my cases with sesquicarbonate of ammonia, and I have the greatest confidence in the remedy. About one-half of my cases amongst the poor are followed by anasarca, and I also have many cases of desquamative nephritis; but I am inclined to the opinion that these sequelæ are the result of want of care on the part of the parents and too early exposure rather than to the stimulant treatment; for I have frequently observed that where circumstances have enabled the mother to follow implicitly all my directions, the little patients have recovered without any dropsical symptoms, the same line of treatment being adopted. I have found that the best treatment for anasarca is the muriated tincture of iron. It removes the dropsy in all cases, thus proving the truth of "Union Surgeon's" experience, that no case will bear depletion. I find the warm bath night and morning a most valuable aid in the worst cases. I am, Sir, yours faithfully,

Croyland, September, 1864. CHAS. WHITEFIELD, M.R.C.S.

To the Editor of THE LANCET.

SIR,—I beg to inform "Union Surgeon" that the last epidemic of scarlet fever, as I have seen it in dispensary practice, has been characterised by an exceeding proneness to anasarca, and that in many cases this has been the first and only symptom. In August last I attended four children in one family, in three of whom such was the case. All speedily recovered under occasional doses of compound jalap powder, with iodide of potassium and tincture of digitalis. I remain, Sir, yours, &c.,

Maida-vale, Sept. 1864. R. S. SISSON, M.D.

A Domestic Man.—The particular method inquired of by our correspondent is as follows:—Mix the starch used in "getting-up" muslins and light stuff with half its weight of carbonate of lime, commonly called Spanish chalk or Spanish white. The material so treated may be ironed as usual, and it is stated does not suffer the least in appearance.

Northex.—The operation of "absinthe" is so injurious, according to the best and most unprejudiced observers, that its use should never be had recourse to.

A Regular Subscriber.—The lectures will be commenced shortly. The suggestions are worthy of consideration.

MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—"Another Militia Surgeon," in your number of the 24th instant, adds further testimony to the injustice which militia surgeons meet with from the War Office authorities; and remembering on former occasions how ably you have advocated our cause, I beg leave to lay before you my view of our present position.

The reduction in the strength of militia regiments by about one-third will deprive me and others of two-thirds of our pay; for our chief source of income is derived from attending in various parts of the country to examine recruits.

As regards pay for attendance on the staff, it is simply contemptible; and at training time, although we receive 11*s.* 4*d.* a day, the deductions for mess, band, &c., reduce the available sum remaining infinitesimally small.

That militia surgeons are indispensable so long as the militia force exists in a state of efficiency, no one, I presume, will deny; and that we have proved ourselves "the right men in the right place" when on active service, Dr. Gibson, the Director-General, has borne ample testimony. Within a very few years many of us served in the embodied state five years, and which, had we been in the regular service, would entitle us to receive half pay.

One grievance which is bitterly felt by many is that of being compelled to reside at the head quarters of our regiments, where, in too many cases, there is no opening for private practice, the inhabitants preferring to employ medical gentlemen whose reputation and standing have been of long duration to militia surgeons, however high their professional status, on account of their liability to be called away to serve in garrison or camp, or possibly abroad, as some of us have been.

If militia surgeons hold a military position, which I infer we do by being ordered to reside at head quarters, I think it only just and fair that we be placed on the permanent staff of our respective regiments, as are adjutants and quartermasters; for our duty is at least quite as onerous and continuous as theirs.

If we are simply "civil practitioners," it is monstrously unjust to enforce upon us residence at head quarters, where, as I have before stated, numbers have no chance of adding to the miserable pittance to which we are reduced by the recent "order" of the Secretary of State for War.

I am, Sir, your obedient servant,
September, 1864. ONLY A MILITIA SURGEON.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Syme, Edinburgh; Sir Charles Hastings; Dr. Basham; Dr. Hyde Salter; Dr. Ward; Mr. Randall; Mr. Starr, Bath; Mr. Hammond, Fareham (with enclosure); Dr. Smallman; Mr. W. Smith; Mr. Whitefield, Croyland; Mr. Lee, Bradford; Mr. Summers (with enclosure); Dr. Sisson; Mr. Ewington (with enclosure); Dr. Goodridge, Bath; Mr. Walker; Dr. Williams, Norwich; Dr. Denny; Dr. Lawson, Ripon; Mr. Baker, Abingdon; Mr. R. T. Cartwright, Wolverhampton; Mr. Ellis, Eckington (with enclosure); Dr. Cookworthy; Dr. Ryan, Sheffield; Mr. R. Davies; Dr. Wise, Plumstead; Dr. Pyle, Sunderland; Dr. Carter, Leamington; Mr. Thomas, St. Clears; Mr. Watson, Waterbeach; Mr. Bower; Dr. Fowler; Mr. W. Dawson (with enclosure); Mr. Wright; Mr. Parker, Bath; Mr. Craster (with enclosure); Mr. Sadler, Purton (with enclosure); Dr. M'Clement; Mr. J. W. Kay (with enclosure); Mr. Braden; Mr. Mitchell; Mr. Fleischmann; Mr. Ebsworth; Dr. Herbert; Dr. Bowness, Poulton; Mr. Terry (with enclosure); Mr. Boulton (with enclosure); Dr. Rosebrugh, Toronto; Only a Militia Surgeon; Podalirius; Caution; Ventilation; A Country Practitioner; W. B. R. F.; Johnny Bull; A Reader of THE LANCET; Medicus (with enclosure); Forceps; M.R.C.S.; A Union Medical Officer; Rusticus; E. F. F.; Anti-Humbug; X. Y. Z.; M.D.; The Secretary of Charing-cross Hospital; A Regular Subscriber; Clodion; Un Cernaico Ingleso; &c. &c.

THE *Leamington Spa Courier*, the *Bath Chronicle*, the *Hexham Courant*, the *Miner*, the *South Australian Register*, the *African Times*, the *Friend of India*, and the *Times of India* have been received.

Medical Diary of the Week.

MONDAY, OCT. 3
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

TUESDAY, OCT. 4
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, OCT. 5
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD. —Operations, 2 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- LONDON HOSPITAL.—Operations, 2 P.M.
- OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. "Case of Cæsarean Section," by the late Mr. T. E. Bryant.—"Post-mortem Examination of a Case of Accidental Hæmorrhage," by Mr. F. J. Gant.—"Missed Labour," by Dr. W. Williams. —"On Spondylolisthesis, Appendix," by Dr. Barnes.—"Deformed Arms," by Dr. Shortt.

THURSDAY, OCT. 6
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

FRIDAY, OCT. 7
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, OCT. 8
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.